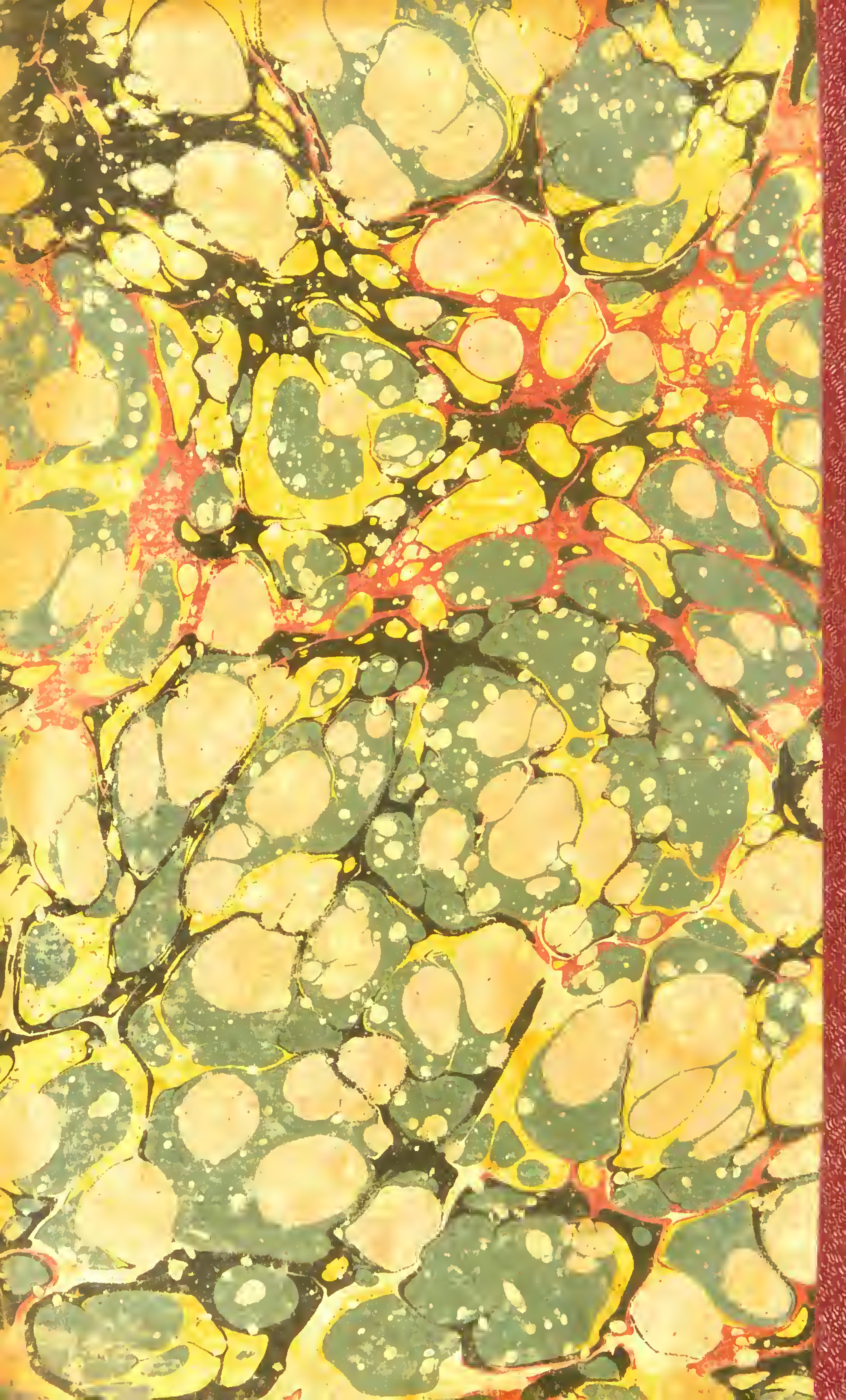

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A SYSTEM OF ANATOMY.

Nicholas William Kirkby

FROM

MONRO, WINSLOW, INNES,
And the LATEST AUTHORS.

ARRANGED,
AS NEARLY AS THE NATURE OF THE WORK WOULD ADMIT,
IN THE
Order of the LECTURES delivered by the PROFESSOR of ANATOMY
in the UNIVERSITY of EDINBURGH.

IN TWO VOLUMES.

ILLUSTRATED WITH COPPERPLATES.

VOL. I.

EDINBURGH:
Printed for C. ELLIOT, PARLIAMENT-SQUARE
And G. ROBINSON, LONDON.
M.DCC.LXXXIV.

ADVERTISEMENT by the EDITOR.

AS for ſeveral years paſt the Students of Medicine in this place have complained of the great expence of Anatomical Books, and of the number they were obliged to ſearch into before they could acquire the knowledge they wanted, the editor has been adviſed by ſome of his medical friends to publiſh a ſyſtem which ſhould contain the principal parts of ſome of the lateſt and beſt authors on anatomy.

Accordingly, the following work comprehends—Monro on the Bones; Winſlow on the Joints and other parts of the freſh bones; Innes on the Muſcles, with his Illuſtrations of theſe and of the Skeleton; Winſlow on the Viſcera, Blood-veſſels, and Organs of the Senſes; Monro, Hewſon, and other late writers, on the Nerves and Lymphatic veſſels: The whole arranged in the order which appeared to be the moſt natural, and the eaſieſt for the ſtudent; and forming a ſyſtem more complete than any that has hitherto appeared.

At firſt it was propoſed to have publiſhed the above without any alteration: but, upon examining into them more attentively, it was found neceſſary to throw out much ſuperfluous matter in ſome parts, and to make many corrections and additions in others, ſo as to render the work adequate to the purpoſes for which it was intended.

The deſcription of the Bones and Muſcles has undergone very little alteration, as few or no diſcoveries relating to theſe parts have been made ſince the laſt editions of Monro and Innes were publiſhed. But of the Viſcera, Blood-veſſels, Organs of Senſe, and other parts taken from Winſlow, the editor has been at conſiderable pains and expence to render the deſcriptions more complete. For although, on theſe parts, Winſlow is one of the beſt authors we are acquainted with, there yet appeared much room for alteration. He is often two prolix, ſome of his deſcriptions are erroneous, ſeveral of them are imperfect, a few things are altogether omitted, and many of his terms, &c. are antiquated or improper. In all theſe reſpects improvements have been made, and the diſcoveries of later writers have been occaſionally introduced.

Farther: As deſcriptions alone without figures are inſufficient to give the beginner a juſt idea of the different parts of which the body is compoſed, a number of engravings have been added, to render the work more uſeful and agreeable. Theſe were taken from authors whoſe works are well known to be accurate, as Euſtachius, Albinus, Cheſelden, Haller, &c. &c. including the Eight Tables formerly ſelected and publiſhed by Mr Innes.

Theſe particulars, it is preſumed, will be conſidered as adding greatly to the importance and utility of the Work. But, independent of theſe altogether, and ſuppoſing a republication of the above pieces, in the preſent form, had ſimply taken place, without correction, and without plates; even then it would have conſtituted an acceptable performance upon the footing of convenience and œconomy. Uniform, compact, and comprehenſive, it is calculated to ſuperſede a multiplicity of volumes, and to ſave much unneceſſary expence. Of ſix or ſeven books on this ſubject, with which ſtudents were wont to be encumbered, all the parts from which they could derive any advantage are here compreſſed into the compaſs of two commodious volumes, and afforded at leſs than a third part of the expence.

Upon the whole, if this Work ſhall be conſidered by Students as an uſeful acquiſition, the Editor cannot help informing them that they owe it chiefly to the approbation of the illuſtrious PROFESSOR of the Science of which it treats: For although, as already mentioned, the deſign was originally ſuggeſted by ſome Gentlemen for whoſe judgment the Editor has the greateſt deference, yet it was the above approbation alone which finally determined him to carry it into execution.

EDIN. *Nov.* 1783.

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A

SYSTEM OF ANATOMY.

PART I.

CONTAINING THE

ANATOMY

OF THE

HUMAN BONES.

BY THE LATE

ALEXANDER MONRO, M. D. AND F. R. S.

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of Medicine and Anatomy in the Univerſity
of Edinburgh.

TO THE

STUDENTS OF ANATOMY

IN THE

UNIVERSITY OF EDINBURGH.

GENTLEMEN,

WHEN this *Oſteology* was firſt printed in 1726, I did not know that Albinus, Winſlow, and Palfyn, were to publiſh deſcriptions of the bones; otherwiſe my papers probably would have remained yet undelivered to the printers. I, however, flatter myſelf, that this *eſſay* has been of uſe to the gentleman who did me the honour to attend my lectures, by aſſiſting them to underſtand my ſenſe and repreſentation of things in this fundamental part of anatomy; and that it has poſſibly been of more advantage to them than a more complete work from an abler hand, unleſs my demonſtrations had been in the order and method of ſuch an author.

This view of your improvement, Gentlemen, is a prevailing argument with me to cauſe this eſſay to be reprinted; and you cannot reaſonably blame me, if I likewiſe acknowledge another motive for it, which more particularly relates to myſelf. In a new edition an author has an opportunity of making his works more correct, complete, and conſequently acceptable to the public, who may perhaps be indulgent enough to think this little treatiſe not altogether uſeleſs; ſince more reaſoning on the ſtructure and morbid *phænomena* of bones is to be found in it, than in the other writers, who have confined themſelves almoſt entirely to the deſcriptive or proper anatomical part of the *oſteology*.

I have here kept to the plan of the former editions, by firſt conſidering, in the order that ſeemed to me moſt natural and methodical, every thing which I thought neceſſary to be known concerning bones in general; and, in the ſecond part, I have deſcribed the ſeveral bones compoſing the ſkeleton.

The bones of adults are what I principally endeavour to deſcribe; but I have added as much of the *oſteogenea* as I think ſerviceable in the practice of phyſic and ſurgery.

That little might be omitted of what was formerly done on this ſubject, I have taken all the aſſiſtance I could from books; but have never aſſerted any anatomical fact on their authority, without conſulting nature, from which all the deſcriptions are made: and therefore the quotations from ſuch books ſerve only to do juſtice to the authors, who have remarked any thing in the ſtructure of the parts that was commonly omitted, and to initiate you in the hiſtory of anatomy; which I once propoſed to make complete, ſo far as related to this ſubject: But not being able to procure ſeveral books, and being ſenſible how many more may have never come to my knowledge, I laid aſide this deſign, of purpoſe omitted many I could have inſerted, and in ſome places I have changed an older author for a later one who has more fully or clearly deſcribed what I treated of. Beſide anatomiſts, I have alſo named ſeveral other authors to confirm my reaſoning by practical caſes; of which it is not to be ſuppoſed my own experience could furniſh a ſufficient variety.

You will readily obſerve, that I quote no paſſages with a view to criticiſe or condemn them. This precaution of giving no offence, is very neceſſary in thoſe who are ſufficiently conſcious of their being liable to lay themſelves open to juſt cenſure; and it prevents occaſions of uſeleſs wrangling, in which generally both parties are loſers, and the public has little advantage.

In this treatiſe I always make uſe of the moſt common name of each part, and have put the ſynonimous name to be met with in books at the foot of the page, that the reading might be ſmoother, and you might conſult them at your leiſure to aſſiſt you in underſtanding different authors.

The deſcriptions and reaſoning are blended, without which I always find young anatomiſts are ſoon diſguſted with authors: Their imaginations cannot follow a long chain of deſcriptions, eſpecially when they are not taught at the ſame time the uſes which the deſcribed parts ſerve: Their minds muſt have ſome relaxation, by a mixture of reaſoning, which never miſſes to ſtrike the fancy agreeably, and raiſes a ſtrong deſire to underſtand the principles on which it depends.

The phenomena of diſeaſes are all deduced in this eſſay from the ſtructure of the parts, by way of corollaries and queſtions; which ſuch an anatomical work confined me to. And this method has otherwiſe a good effect: For, when one meets with an uſeful propoſition, and is obliged to employ a little thought to find out its ſolution, the impreſſion it makes is deeper, and he acquires a fondneſs for it as being in part his own diſcovery. My pupils have frequently aſſured me, that they could, with very ſmall reflection, trace out the whole reaſoning from which my concluſions were drawn; I hope their ſucceſſors will alſo think this an agreeable manner of being inſtructed.

Thoſe gentlemen who deſired I would add the lectures which I pronounce in my colleges as a commentary upon the text, where the diſeaſes are mentioned, will, I perſuade myſelf, excuſe me for not complying with their deſire, when they conſider the deſign of this is to be a ſchool-book, and how great the difference is between inſtruc- ting youth in private, and pretending to inform the public. *Art.* xxiv. *vol.* v. of Medical Eſſays and Obſervations, publiſhed in this place, is one of theſe lectures which I gave as a commentary on the paragraph (*p.* 26.) concerning the different kinds of *caries*.

In this edition, I have corrected the miſtakes and obſcure paſſages which I diſcovered in the former, and in ſome places I have made the deſcriptions more full and exact, aiming all I could to ſhun unneceſſary minuteneſs on the one hand, and a blameable inaccuracy on the other: Whether I have hit that juſt medium, is what you and the public muſt now judge.

You have advantageous opportunities in this place of ſtudying all parts of medicine, under the profeſſors of its different branches in the Univerſity, and of ſeeing the practice of pharmacy, ſurgery, and phyſic, with our ſurgeon-apothecaries, and in the Royal Infirmary where the diſeaſed poor are carefully treated. Theſe your intereſt, and, I hope, your inclinations, will lead you, Gentlemen, ſo to improve, as that they become the happy means of your making a conſiderable figure in your ſeveral ſtations. Whatever aſſiſtance is in my power towards ſuch a deſirable event, ſhall be given with the greateſt pleaſure by

Your humble ſervant,

ALEX. MONRO.

A SYSTEM OF ANATOMY.

PART I.

OF THE HUMAN BONES.

CHAP. I.

Of the BONES in general.

THE PERIOSTEUM.

BONES are covered by a membrane, named on that account PERIOSTEUM (*a*), which is ſo neceſſary to them, that we muſt examine its texture and uſes before we can underſtand their ſtructure.

The *perioſteum*, as well as moſt other membranes, can be divided into *layers* of fibres. The *exterior* ones, compoſed of the fibres of the muſcles connected to the bones,

---

(*a*) Membrana circumoſſalis, omentum oſſibus impoſitum.

bones, vary in their number, ſize, and direction, and conſequently occaſion a very great difference in the thickneſs and ſtrength of the perioſteum of different bones, and even of the different parts of the ſame bone. The *internal* layers is every where nearly of a ſimilar ſtructure, and has its fibres in the ſame direction with thoſe of the bone to which they are contiguous. Ought not then the name *perioſteum* to be applied, ſtrictly ſpeaking, only to this internal layer, to which the others are joined in an uncertain manner and number?

Some authors (*b*) endeavour to prove the internal layers of fibres of the perioſteum to be derived from the *dura mater:* For, ſay they, ſince the membrane covering the ſkull is plainly a production or continuation of the dura mater, which paſſes out between the ſutures; and ſince there are muſcles on the head, as well as in other parts, which might furniſh a perioſteum; it is needleſs to aſſign different origins to membranes which have the ſame texture and uſes. They add further, in proof of this doctrine, that the perioſteum extends itſelf along the ligaments of the articulations from one bone to another; and therefore is continued from its origin over all the bones of the body.—While anatomiſts were fond of the hypotheſis of all membranes being derived from one or other of the two that cover the brain, a diſpute of this kind might be thought of conſequence: but now that the hypotheſis is neglected as uſeleſs, it is needleſs to examine the arguments for or againſt it.

Except where muſcles, cartilages, or ligaments, are inſerted into the perioſteum, its external ſurface is connected to the ſurrounding parts by thin cellular membranes, which can eaſily be ſtretched conſiderably, but ſhorten themſelves whenever the ſtretching force is removed. When theſe membranes are cut off or broken, they collapſe into ſuch a ſmall ſpace, that the ſurface of the perioſteum ſeems ſmooth and equal.

When

(*b*) Havers, Oſteolog. Nov. diſc. 1. p. 16.

When we attempt to tear off the perioſteum from bones, we ſee a great number of white threads produced from the membrane into them; and, after a ſucceſsful injection of the arteries with a red liquor, numerous veſſels are not only ſeen on the perioſteum (*c*), but moſt of the fibres ſent from the membranes to the bone, ſhow themſelves to be veſſels entering it, with the injected liquor in them; and when they are broken, by tearing off the perioſteum, the ſurface of the bone is almoſt covered with red points.

The veins correſponding to theſe arteries are ſometimes to be ſeen in ſubjects that die with their veſſels full of blood; though ſuch numerous ramifications of them, as of the arteries, can ſeldom be demonſtrated, becauſe few of them naturally contain coloured liquors, and ſuch liquors can difficultly be injected into them. This, however, is ſometimes done (*d*).

The great ſenſibility of the perioſteum in the deep-ſeated ſpecies of paronychia, in exoſtoſes, nodi, tophi, and gummata, from a lues venerea, or whenever this membrane is in an inflamed ſtate, is a ſufficient proof that it is well provided with nerves, though they are perhaps too ſmall to be traced upon it; and therefore one cannot well determine, whether they are ſent along with the arteries in the common way, or are derived from the tendinous fibres of the muſcles expanded on the perioſteum (*e*).

Veſſels alſo paſs through the perioſteum to the marrow; of which more hereafter. And frequently muſcles, ligaments, or cartilages, pierce through the perioſteum, to be inſerted into the bones.

The chief uſes of the perioſteum are: 1. To allow the

(*c*) Ruyſch. Epiſt. 5. tab. 5. fig. 1. 2. epiſt. 8. tab. 9. fig. 1. 9.

(*d*) Sue traité d'oſteologie, traduit de l' Anglois de Mr Monro. Note in page 9.

(*e*) See the diſpute about the ſenſibility of this and of other membranes in Zimmerman. Diſſert de irritabilit.——Act. Gotting. vol. 2.———Haller ſur la nature ſenſible et irritable.——Whytt's phyſiolog. eſſay 2.—Remar. Diſſert. de fungo articulor. § 26. 34.

the muſcles, when they contract or are ſtretched, to move and ſlide eaſily upon the bones; the ſmooth ſurface of this membrane preventing any ill effects of their friction upon each other. 2. To keep in due order and to ſupport the veſſels in their paſſage to the bones. 3. By being firmly braced on the bones, to aſſiſt in ſetting limits to their increaſe, and to check their overgrowth. 4. To ſtrengthen the conjunction of the bones with their epiphyſes, ligaments, and cartilages, which are eaſily ſeparated in young creatures, when this membrane is taken away. 5. To afford convenient origin and inſertion to ſeveral muſcles which are fixed to this membrane. And laſtly, to warn us when any injury is offered to the parts it covers; which, being inſenſible, might otherwiſe be deſtroyed without our knowledge or endeavouring to procure a remedy.

When the cellular ſubſtance connecting the perioſteum to the ſurrounding parts is deſtroyed, theſe parts are fixed to that membrane, and loſe the ſliding motion they had upon it; as we ſee daily in iſſues, or any other tedious ſuppurations near a bone.—When the veſſels which go from the perioſteum to the bones are broken or eroded, a collection of liquor is made between them, which produces a ſordid ulcer or rotten bone. This often is the caſe after fractures of bones and inflammations of the perioſteum, or after ſmall-pox, meaſles, ſpotted fevers, and eryſipelas.—Do not the diſorders of the perioſteum, coming rather along with or ſoon after the cutaneous than other diſeaſes, indicate ſome ſimilarity of ſtructure in the perioſteum and ſkin?

OF THE COMPOSITION OF BONES.

THE bones are the moſt hard and ſolid parts of the body; and, like all other parts where large veſſels do not enter, are generally of a white colour; only in a living creature they are bluiſh, which is owing to the blood in the ſmall veſſels under their ſurface. The leſs therefore and fewer the veſſels are, and the thicker and firmer the bony ſurface covering the veſſels is, the bones are whiter. Hence the bones of adults are whiter than thoſe of children; and, in both young and old, the white colour of different bones, or of the ſeveral parts of the ſame bone, is always in proportion to their veſſels and ſolidities; which circumſtances ought to be regarded by ſurgeons, when they are to judge of the condition of bones laid bare.

Bones are compoſed of a great many plates (*f*), each of which is made up of fibres or ſtrings united by ſmaller fibrils (*g*); which being irregularly diſpoſed, and interwoven with the other larger fibres, make a reticular work——This texture is plainly ſeen in the bones of fœtuſes, which have not their parts cloſely compacted; and in the bones of adults which have been burnt, long expoſed to the weather, or whoſe compoſition has been made looſe by diſeaſes.—The chinks, which are generally made according to the directions of the larger fibres of bones that have undergone the action of fire or of the weather, ſhow the greater ſtrength of theſe than of the fibres which connect them.——Numerous accurate obſervations of the different times in which exfoliations are made from the ſides or ends of ſimilar bones, might bid fair to determine what is the proportional force of coheſion in the two ſorts of fibres.

The plates are ſaid (*h*) to be firmly joined to each other by a great number of *claviculi*, or ſmall bony proceſſes, which, riſing from the inner plates, pierce through ſome, and are fixed into the more external ones. Of theſe nails, four kinds, viz. the *perpendicular*, *oblique*, *headed*, and *crooked*, have been deſcribed: But in bones fitly prepared, I could only ſee nu-

---

(*f*) Squamæ, bracteæ, laminæ.

(*g*) Malpigh. Anat. plant. & oper. poſthum.

(*h*) Gagliard. Anatom. oſſium nov. invent. illuſtrat. cap. 1. obſ. 2.

numerous irregular proceſſes riſing out from the plates (*i*).

Though the exterior part of bones is compoſed of firm compact plates, yet they are all more or leſs cavernous internally, In ſome (*e. g.* middle thin part of the *ſcapula* and *os ilium*) the ſolid ſides are brought ſo near, that little cavity can be ſeen; and in others (middle of *os humeri*, *femoris*, &c.) the cavities are ſo large, that ſuch bones are generally eſteemed to be hollow or fiſtular. But the internal ſpongy texture is evident in young animals; and ſome of it may be ſeen to remain in thoſe of the greateſt age, when bones are cautiouſly opened, after they have been kept ſo long as to be free of the oil they contain, or after being burnt.

This ſpongy cavernous internal part of bones is generally called their *Cancelli* or LATTICE-WORK, and is formed in the following manner. The plates are firmly joined about the middle of the bone; but as they are extended towards its ends, the more internal parts ſeparate from the exterior, and ſtretch out their fibres towards the axis of the bone, where they are interwoven with the fibres of other plates that have been ſent off in the ſame way. Seeing the plates are thus conſtantly going off, the ſolid ſides of the bones muſt become thinner, and the lattice-work muſt be thicker and ſtronger towards their ends. This is evident in many of them, where the ſolid ſides of their middle are very thick, and the cancelli are ſcarce obſervable; whereas, at the ends, where their diameter is greateſt, the ſolid walls or ſides are not thicker than paper, and the cancelli are numerous, and large enough to fill up the whole ſpace left between the ſides.

The twiſting and windings which theſe cancelli make, and the interſtices which they leave, differ conſiderably in figure, number, and ſize; and therefore form little cells, which are as different, but communicate with

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(*i*) Malpigh. oper. poſthum.

with each other. Some writers (*k*) minutely remark theſe different appearances of the cancelli, after they begin to ſeparate from the plates; and from thence diſtinguiſh them into *wrinkled*, *perforated*, and *net-like*.

The cancelli ſuſtain the membranous bags of the marrow which are ſtretched upon them, and thereby hinder theſe membranous parts from being torn or removed out of their proper places in the violent motions and different poſtures which the bones are employed in. This ſupport which the cancelli afford the marrow, alſo ſaves its membranes and veſſels, in the lower parts of the bones, from being compreſſed by the weight of the marrow above.

The depreſſions between the fibres of the external plates of bones appear like ſo many furrows on their ſurface, into each of which the perioſteum enters; by which the ſurface of contact, conſequently the cohesion, between it and the bone, is conſiderably increaſed, and a greater number of veſſels is ſent from it into the bone than if it was a plain ſurface.

Both on the ridges and furrows, numerous little pits or orifices of canals are to be ſeen, by which the veſſels paſs to and from the bones.

After a ſucceſsful injection, the arteries can be traced in their courſe from the pits to the plates and fibres; and, in ſawing, cutting, or raſping the bones of living creatures, theſe veſſels diſcover themſelves by the ſmall drops of blood which then ooze out from the moſt ſolid part of the bones. But the cleareſt demonſtration of the intimate diſtribution of theſe ſmall arteries, is, to obſerve the effect of ſuch a tinging ſubſtance as can retain its colour, when ſwallowed, digeſted, and mixed with the blood of any living animal, and at the ſame time has particles ſmall enough to be conveyed into the veſſels of the bones; ſuch is rubia tinctorum, madder-root (*l*): For we ſee the gradual

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(*k*) Gagliard. Anat. oſſium, cap. 1. obſ. 4. 5. 6. 7.

(*l*) Philoſoph. Tranſact. num. 442. art. 8. num. 443. art 2. num. 457. art. 4.——Mem. de l'acad. des ſciences. 1739, 1742.

dual advances which this tincture makes from the perioſteum into the more internal parts of the bones, and how univerſally the diſtribution of the liquors is made, the whole bony ſubſtance being tinged. Whether the time in which this tinged liquor paſſes from the outer to the internal plates, till all the plates are made of its colour, and the time which the diſappearing of the dye, after giving the creature no more of this ſort of food, makes us think it takes to return, are the ſame in which the natural liquors circulate, is uncertain; becauſe this tinging ſubſtance may move more ſlowly, or may paſs more quickly, than the natural liquors do.——The arteries are larger near each end than at the middle of the large bones that are much moved; becauſe they not only ſerve the bony plates near the ends, but paſs through them to the marrow. ——As animals advance in age, the arteries of the bones become leſs capacious; as is evident, 1. From the bones of adults having leſs blood in them than thoſe of children have. 2. From many of them becoming incapable in old age of admitting the coloured powders uſed in injections, which eaſily paſs in youth. And, 3. From the bones of old creatures being more difficultly tinged with madder than thoſe of young ones. If authors have not miſtaken, the arteries of bones have ſometimes become very large (*m*).

We may conclude, from arteries being accompanied with veins, ſo far as we can trace them in every other part of the body, that there are alſo veins in the bones; and the diſappearing of the tincture of madder, after bones of living animals are coloured with it, could not be without ſuch veins to carry it away; nay, the veins of bones can ſometimes be injected, and then ſeen (*n*).

The bones of a living animal are ſo inſenſible, that they can be cut, raſped, or burnt, without putting the crea-

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(*m*) Diemerbroek Anat. lib. 9. cap. 1.——Mery, Hiſt. de l'acad. des ſciences, 1704.

(*n*) Sue trad. d'oſteolog. p. 9.

creature to pain, and the nerves diſtributed in their ſubſtance cannot be ſhown by diſſection; from which it might be inferred that they have no nerves diſtributed to them: but the general tenor of nature, which beſtows nerves to all other parts, ſhould prevent our drawing ſuch a concluſion. And if ſenſibility is a ſure proof of nerves entering into the compoſition of any part, as it is generally allowed to be, we have ſufficient evidence of nerves here in the bones; for the granulated red fleſh which ſprouts out from them, after an amputation of a limb, or performing the operation of the trepan, or after an exfoliation, is exquiſitely ſenſible: and in ſome ulcers of bones, where the perioſteum was all ſeparated, the patient ſuffered racking pain, if the bone was touched with a rough inſtrument; nor was he free of pain after the bone was perforated (*o*).———The reaſon why the nerves of rigid hard bones become inſenſible, is, that all nerves muſt have a conſiderable degree of flexibility at the part where objects are applied, otherwiſe it cannot be affected by their impreſſions. We ſee this illuſtrated in a very common analogous caſe, the growth of a new nail: when the former one has ſuppurated off, the thin membrane, which firſt appears, is exquiſitely ſenſible; but gradually becomes dull in its ſenſation, till it can be cut or ſcraped, without cauſing pain, after it is formed into a hard nail.

From what has been ſaid of the veſſels of bones, it is evident, that there is a conſtant circulation of fluids in every part of them; and that there is a perpetual waſte and renewal of the particles which compoſe the ſolid fibres of bones, as well as of other parts of the body; the addition from the fluids exceeding the waſte during the growth of the bones; the renewal and waſte keeping pretty near par in adult middle age; and the waſte exceeding the ſupply from the liquors in old age; as is demonſtrable from their weight: for each bone increaſes in weight as

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(*o*) Nicol. Maſſa, lib. introd. anat. cap. 30.

as a perſon approaches to maturity; continues of nearly the ſame weight till old age begins, and then becomes lighter.—The ſpecific gravity of the ſolid ſides, on the contrary, increaſes by age; for then they become more hard, compact, and denſe. In conſequence of this, the bones of old people are thinner and firmer in their ſides, and have larger cavities, than thoſe of young perſons.

The vaſcular texture of bones muſt make them ſubject to obſtructions, ecchymoſes, ulcers, gangrenes, and moſt other diſeaſes which the ſofter parts are affected with; and therefore there may be a greater variety of caries than is commonly deſcribed (*p*).

Hence we can account for the following appearances.

Hæmorrhagies from fungous fleſh riſing out from the moſt ſolid part of a cut bone (*q*).

The regular alternate elevation and ſubſiding, or apparent pulſation, frequently to be ſeen in ſome of the cells of a carious bone.

Cells reſembling *cancelli*, ſometimes ſeen in the part of a bone, which, in a natural ſtate, is the moſt ſolid and firm (*r*).

A bone, as a tube, including another bone within it (*s*).

On the internal ſurface of the ſolid parts of bones there are orifices of canals, which paſs outwards through the plates to open into other canals that are in a longitudinal direction; from which other *tranverſe* paſſages go out to terminate in other *longitudinal* canals: and this ſtructure is continued through the whole ſubſtance of bones; both theſe kinds of canals becoming ſmaller gradually as they approach the outer ſurface (*t*).——Theſe canals are to be ſeen to the beſt advantage in a bone

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(*p*) Edin. Medical eſſays and obſ. vol. 5. art. 25.
(*q*) Medical eſſays, vol. 4. art. 21.
(*r*) Ruyſch. Theſ. 8. num. 8. Theſ. 10. num. 176.
(*s*) Idem, ibid.
(*t*) Havers Oſteolog. Nov. p. 43.

bone burnt till it is white. When it is broken tranſverſely, the orifices of the *longitudinal* canals are in view; and when we ſeparate the plates, the *tranſverſe* ones are to be obſerved. Here, however, we are in danger of of believing both theſe ſorts of canals more numerous than they really are; becauſe the holes made by the proceſſes connecting the plates of bones have the appearance of the *tranſverſe* (*u*), and the paſſages for the blood-veſſels reſemble the *longitudinal* canals. I do not know how we are to keep free of error about the *tranſverſe* canals; but think we may diſtinguiſh between the two kinds of *longitudinal* ones: for the paſſages of the veſſels are largeſt near the external ſurface of the bone, and every tranſverſe ſection of them is circular; whereas the longitudinal canals are largeſt near the cancelli, and their tranſverſe ſections appear to me of a flat oval figure, which may be owing to the different momentum of the fluids conveyed in them.—The ſituation of the larger longitudinal canals, and of the paſſages of the larger veſſels, makes a bone appear more denſe and compact in the middle of its ſolid ſides, than towards its outer and inner ſurfaces, where it is ſpongy.

We ſee marrow contained in the larger tranverſe and longitudinal canals juſt now deſcribed, and from thence judge that it paſſes alſo into the ſmaller ones. The drops of oil which we diſcover with a microſcope every where on the ſurface of a recent bone fractured tranſverſely, and the oozing of oil through the moſt ſolid bones of a ſkeleton, which renders them greaſy and yellow, are a confirmation of the uſe of theſe canals. Of what advantage this diſtribution of the marrow through the ſubſtance of bones is, will be mentioned when the nature and uſe of this animal-oil is inquired into.

Moſt bones have one or more large oblique canals formed through their ſides for the paſſage of the medullary veſſels, which are to be deſcribed afterwards.

Bones

(*u*) Morgagn. Adverſ. 2. animad. 25.

Bones expoſed to a ſtrong fire in chemical veſſels, are reſolved, in the ſame manner as the other parts of of animals, into *phlegm*, *ſpirit*, *volatile ſalt*, *fetid oil*, and a black *caput mortuum*. But the proportion of theſe principles varies according to the age, ſolidities, and other circumſtances of bones. Young bones yield the largeſt proportion of phlegm; ſpongy bones afford moſt oil; and ſolid ones give moſt ſalt and black reſiduum.——Though this reſiduum can ſcarce be changed by the force of fire while it is in cloſe veſſels; yet, when it is burnt in an open fire, the tenacious oil, to which it owes its black colour, is forced away, and a white earth is left that has little or no fixed ſalt in it. This earth ſeems to be the proper conſtituent ſolid part of bones, and the other principles give it firmneſs and tenacity: for the quantity of the earth is ſo great, that, after all the other principles are ſeparated from a bone, its former ſhape and ſize remain (*v*); but it is very brittle till it is moiſtened with water or oil, when it recovers ſome tenacity.——The increaſe of the proportion of earth in old peoples bones, is one reaſon of their being more brittle than thoſe of young people are.

Leſt any imagine the ſalts and oils of bones, while in a natural ſtate, to be of the ſame acrid kind with thoſe obtained from them by the chemical analyſis, it is to be obſerved, that theſe principles may be extracted from bones in the form of a very mild jelly, by boiling them in water.

The bones ſuſtain and defend the other parts of the body.

Bones are lined within, as well as covered externally, with a membrane; which is therefore commonly called PERIOSTEUM INTERNUM.

INTERNAL PERIOSTEUM.

THE *internal perioſteum* is an extremly fine membrane;

(*v*) Havers Oſteolog. Nov. diſc. 1. p. 32.

brane; nay, frequently, it has a looſe reticular texture; and therefore it is compared by ſome to the arachnoid coat of the ſpinal marrow: ſo that we cannot expect to divide it into layers as we can divide the external perioſteum. We can, however, obſerve its proceſſes entering into the tranſverſe pores of the bones, where probably they are continued to form the immediate canals for the marrow diſtributed through the ſubſtance of the bones; and along with them veſſels are ſent, as from the external perioſteum, into the bone (*x*). Theſe proceſſes being of a very delicate texture, the adheſion of this membrane to the bone is ſo ſmall, that it ſeparates commonly more eaſily from the bone than from the marrow which it contains: wherefore one might call it the common membrane of the marrow, rather than by the name it now has. But whether the one or the other deſignation ought to be given it, is not worthy a diſpute.

From the internal ſurface of the *internal perioſteum*, a a great number of thin membranes are produced; which, paſſing acroſs the cavity, unite with others of the ſame kind, and form ſo many diſtinct bags, which communicate with each other; and theſe again are ſubdivided into communicating veſicular cells, in which the marrow is contained. Hence it is, that the marrow, when hardened, and viewed with a microſcope, appears like a cluſter of ſmall pearl; and that the hardened marrow of bones, buried long under ground, or laid ſome time in water and then dried, is granulous (*y*).——This texture is much the ſame with what obtains in the other cellular parts of the body, where fat is collected; only that the cells containing the marrow are ſmaller than thoſe of the *tunica adipoſa* or *celluloſa* elſewhere; which probably is owing to their being incloſed in the bones, where they are not ſo much ſtretched or extended as in other parts.

OF

(*x*) Winſlow Expoſition anat. des os frais, ſect. 82. 83.

(*y*) Ruyſch. Theſaur. 9. num. 2. et Adverſ. dec. III. obſ. 9.

OF THE MARROW.

THE *Marrow* is the oily part of the blood, ſeparated by ſmall arteries, and depoſitated in theſe cells. Its colour and conſiſtence may therefore vary according to the ſtate of the veſſels, and their diſtribution on the membranes of the cells.

The marrow, as well as the other fat of the body, chemically analized, yields, beſides oil and water, a conſiderable proportion of an acid liquor, but no alkali (*z*). This may be the reaſon of its being leſs putreſcent than the blood or moſt other parts of animals (*a*); which is a neceſſary quality in a ſubſtance that is conſtantly expoſed to a conſiderable degree of heat, and is more in a ſtagnating condition than the other liquors.

Beſides the arteries, which I mentioned already (p. 23.) to be ſent from the bones to the marrow, there is at leaſt one artery for each bone; ſeveral bones have more, whoſe principal uſe is to convey and ſecern this oily matter. After theſe arteries have pierced the ſolid ſide of a bone, they are divided into ſeveral branches; which ſoon are diſtributed every where on the internal perioſteum, and afterwards ſpread their branches inwards on the medullary cells, and outwards through the tables of the bone.

The blood which remains after the ſecretion of the marrow is returned by proper veins, which are collected from the membranes into one or two large trunks, to paſs out at the ſame holes or paſſages at which the artery or arteries enter.

The general rule of the ſmall veſſels decreaſing in their capacities as animals advance in age, to which many phenomena in the animal-œconomy are owing, obtains here: for though the trunks of the medullary veſſels enlarge as animals turn older, yet the ſmall branches become ſmaller; as is evident from injections, which

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(*z*) Grutzmaker Diſſert. de oſſium medulla.—Haller Element. phyſiolog. lib. 4. ſect. 4.

(*a*) Pringle Append. to camp-diſeaſes, exper. 47.

which cannot be made to paſs near ſo far in theſe veſſels of adults as of children. Hence the marrow is bloody in children, oily and balmy in middle age, and thin and watery in old people.

By experiments made on the marrow, when bones of living animals are opened or cut through (*b*), and from the racking pain with which ſuppurations within bones are frequently attended, we have ſufficient proof that the membranes here are ſenſible, and conſequently have nerves diſtributed to them. Hippocrates (*c*) might therefore ſay juſtly, that a wound penetrating into the cavity of a bone may produce a delirium.

The veſſels of the marrow, wrapt up in one common coat from the perioſteum, paſs through the bones by proper canals; the moſt conſiderable of which are about the middle of each bone, and are very oblique. Sometimes theſe veſſels continue at a little diſtance in their paſſage, when the canal is divided by a ſmall bony partition or two.

From the ſtructure of the contents of the bones, we may judge how theſe parts, as well as others, may be ſubject to oedema, phlegmon, eryſipelas, ſcirrhus, &c. and may thence be led to a cure of each, before the common conſequence, putrefaction, takes place, and frequently occaſions the loſs of the limb, if not of the patient.

The marrow is of very conſiderable uſe to the bones: for by entering their tranſverſe canals, and paſſing from them into the longitudinal ones, it is communicated to all the plates to ſoften and connect their fibres, whereby they are preſerved from becoming too brittle; as we ſee they do in burnt bones, or thoſe long expoſed to the air, in people labouring under old age, pox, or ſcurvy. In all which caſes, the oil is either in too little quantity,

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(*b*) Du Verney, Memoires de l'acad. des ſciences, 1700.

(*c*) Aphoriſm. § 7. aph. 24.

quantity, or has its natural good qualities changed for worſe ones.

Beſides this advantage which the ſubſtance of bones has from the marrow, their articulations are ſaid (*d*) to receive no leſs benefit from it: for it is thought that the marrow paſſes into the articular cavities through the holes which are in the bones near the large joints. And as a proof of this, it is alleged, that butchers, upon ſeeing the greater or leſſer quantity of marrow in the bones of cows, can tell whether they have travelled far or little before they were ſlaughtered.

When the marrow, after having ſerved the uſes mentioned, is reaſſumed into the maſs of blood, (as it is continually in common with all other ſecreted liquors that have not paſſages formed for conveying them out of the body), it corrects the too great acrimony communicated to the ſaline particles of our fluids by their circulation and heat, in the ſame manner as lixivial ſalts are blunted by oil in making ſoap. Hence, in acute diſeaſes, the marrow, as well as the other fat of the body, is quickly waſted, but muſt be immediately ſupplied by liquors from the veſſels; ſeeing the cells within the bones, which have no aſſiſtance to their contraction from the preſſure of the atmoſphere, cannot collapſe, as the tela cellularis under the ſkin does when the liquor in its cells is abſorbed; the bones therefore are always full.

Since it is the nature of all oil to become thin and rancid when expoſed long to heat, and bones have much oil in their firm hard ſubſtance, we may know why an ungrateful ſmell and dark-coloured thin ichor, proceed more from corrupted bones than from other parts of the body; and we can underſtand the reaſon of the changes of colour which bones undergo, according to their different degrees of mortification.—Hence likewiſe we may learn the cauſe of a ſpina ventoſa, and of the difficulty

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(*d*) Joan. de Muralto Vade-mecum Anat. exercit. 5. § 3. Havers Oſteolog. Nov. diſc. 3. p. 179.

difficulty of curing all caries of bones proceeding from an obſtruction and conſequent putrefaction of the marrow; and of the quick pulſe, thirſt, and hectic paroxyſms, ſo often attending theſe diſeaſes. Theſe phenomena alſo teach us the reaſon of the fatal prognoſis taken from black fetid urine in fevers.

Though bones ſo far agree in their ſtructure and annexed parts, yet we may obſerve a conſiderable difference among them in their magnitude, figure, ſituation, ſubſtance, connection, uſes, &c. From which authors have taken occaſion to diſtinguiſh them into as many claſſes as they could enumerate of theſe different circumſtances. But theſe being obvious to every perſon that looks on bones, I ſhall only mention one of them; which comprehends very near the whole bones of the body, and at the ſame time leads us to examine the moſt conſiderable variety that is to be found in the diſpoſition of their conſtituent parts, and in their uſes. It is this, that ſome bones are *broad* and *flat*, while others are *long* and *round*.

THE DIFFERENT CLASSES, &c. OF BONES.

The *broad* bones have thin ſides, by the plates being ſoon and equally ſent off to form the lattice-work; which therefore is thicker, and nearly of an equal form all through. By this ſtructure they are well adapted to their uſes, of affording a large enough ſurface for the muſcles to riſe from and move upon, and of defending ſufficiently the parts which they incloſe.

The *round* bones have thick ſtrong walls in the middle, and become very thin towards their ends; which is owing to very few plates ſeparating at their middle; where, on that account, the cancelli are ſo fine and ſmall, that they are not taken notice of: but ſuch bones are ſaid to have a large reſervoir of oil in this place. Towards their ends the lattice-work becomes very thick, and rather more complete than in the other ſort of bones.——Theſe round bones having ſtrong forces naturally applied to them, and being otherwiſe expoſed to violent injuries, have need of a cylindrical figure to reſiſt external preſſure, and of a conſiderable quantity of oil to preſerve them from becoming too brittle. Beſides which, they are advantageouſly provided with thick ſides towards their middle, where the greateſt forces are applied to injure them; while their hollowneſs increaſes their diameter, and conſequently their ſtrength to reſiſt forces applied to break them tranſverſely (*e*). Thus, for inſtance, in eſtimating the proportional reſiſtance of two cylindrical bones of unequal diameters, but conſiſting of an equal number of ſimilar fibres uniformly diſpoſed round each, it is plain,

1. That the abſolute force of theſe two bones is equal, becauſe they conſiſt of equal numbers of ſimilar fibres.

2. That the abſolute forces of all the fibres in each bone have the ſame effect in reſiſting any power applied to break them, as if the ſum of all their forces was united in the reſpective centres of the tranſverſe ſections where the fractures are to be made. For, by hypotheſis, the fibres being uniformly diſpoſed in each, there is not any fibre in either bone that has not a correſponding fibre; the ſum of both whoſe diſtances from the axis of revolution (about which all the parts of the bone muſt revolve in breaking) is equal to two ſemidiameters of the bone: conſequently each fibre, and all the fibres, may be regarded as reſiſting at the diſtance of one ſemidiameter or radius from this axis, that is, in the centre.

3. Since the united force of all the fibres is to be regarded as reſiſting at a diſtance from the centre of motion equal to the ſemidiameter, it follows, that the total reſiſtance of all theſe fibres, or the ſtrength of the bone, is proportional to its ſemidiameter, and conſequently to its diameter.

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(*e*) Galilei Mechanic. dialog. 2.

I have here taken for an example one of the moſt ſimple caſes for calculating the proportional forces of bones. But, were it not too foreign to the preſent deſign, it might be univerſally demonſtrated, that of whatever figure bones are, and in whatever manner their fibres are diſpoſed, their ſtrength muſt always be in a ratio, compounded of the area of their tranſverſe ſections, or of their quantity of bony matter, and of the diſtance of the centre of gravity of theſe ſections from the centre of motion or ſulcrum, on which the bone is ſuppoſed to be broken (*f*).

Since, therefore, the ſtrength of bones depends on their number of fibres, or quantity of matter, and the largeneſs of their diameters, one may conclude, that the part of a bone formerly fractured, and reunited by a *callus*, muſt be ſtronger than it was before the fracture happened; becauſe both theſe advantages are obtained by a callus: which is a wiſe proviſion, ſince bones are never ſet in ſuch a good direction as they were naturally of; and then, wherever a callus is formed, there is ſuch an obſtruction of the veſſels, that if the bone was again broken in the ſame place, the oſſific matter could not ſo eaſily be conveyed to reunite it. This callus may indeed, for want of compreſſion, be allowed to form into a ſpongy cellular ſubſtance (*g*); but even in this caſe the ſtrength of the bone is here increaſed by one or both the cauſes above-mentioned.

Many bones have protuberances or *proceſſes* (*h*) riſing out from them. If a proceſs ſtands out in a roundiſh ball, it is called *caput* or *head*.—If the head is flatted, it obtains the appellation of *condyle*.——A rough unequal protuberance is called *tuberoſity*.——When a proceſs

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(*f*) See the demonſtration of this theorem by Dr Porterfield in the Edinburgh medical eſſays, vol. 1. art. 10.

(*g*) Ruyſch. Theſaur. 8. n. 49. Muſ. anat. thec. B. repoſit 2. n. 2.

(*h*) Αποφυσεις, εκφυσεις, εξοχη, προβολη, ϖροβλημα, Exceſſus, explanatio, tuberculum, gibbus, eminentia, productio, extuberantia, projectura, enaſcentia.

proceſs riſes narrow, and then becomes large, the narrow or ſmall part is named *cervix* or *neck.*——Long ridges of bones are called *ſpines.*——Such proceſſes as terminate in a ſharp point have the general name of *coronæ* (*i*) or *coronoid* beſtowed on them; though moſt of them receive particular names from the reſemblance they have, or are imagined to have, to other ſubſtances, *e. g. maſtoid*, *ſtyloid*, *anchoroid*, *coracoid*, *ſpinal*, &c.——Such proceſſes as form brims of cavities, are called *ſupercilia* (*k*).

Proceſſes ſerve for the advantageous origin and inſertion of muſcles, and render the articulations firm and ſtable.

Before leaving this ſubject, we muſt remark, that much the greater number of what are called proceſſes in adult bones, diſcover themſelves in children to be *epiphyſes*, or diſtinct bones, which are afterwards united to the other parts: ſuch are the *ſtyloid* proceſſes of the temporal bones, proceſſes of the *vertebræ*, *trochanters* of the thigh, &c. However, as I deſign to inſiſt chiefly on the deſcription of the adult ſkeleton, in which the union of theſe parts is ſo intimate that ſcarce any veſtige remains of their former ſeparation, I ſhall retain the common appellation of *apophyſe*, or *proceſs*, to all ſuch protuberances; but ſhall remark the principal ones that have no juſt title to this name, when they occur in the deſcription of particular bones.

On the ſurfaces of a great many of the bones there are cavities or depreſſions. If theſe are deep, with large brims, authors name them *cotylæ* (*l*).——If they are ſuperficial, they obtain the deſignation of *glenæ* or *glenoid.* Theſe general claſſes are again divided into ſeveral ſpecies:—Of which, *pits* are ſmall roundiſh channels ſunk perpendicularly into the bone;—*furrows*, long narrow canals formed in the ſurface;—*nitches* or

notches,

(*i*) Roſtra, glandes.

(*k*) Ιτυες, οφρυες, αμβονες, χειλη, Labra.

(*l*) Κοτυλιδες, οξυβαφοι, Acetabula, pixides, buccellæ.

notches, ſmall breaches in the bone;—*ſinuoſities*, broad, but ſuperficial depreſſions without brims;—*foſſæ*, large deep cavities, which are not equally ſurrounded by high brims;—*ſinuſes*, large cavities within the ſubſtance of the bones, with ſmall apertures;—*foramina*, or holes, canals that pierce quite through the ſubſtance of the bones.——When this laſt ſort of cavity is extended any long way within a bone, the middle part retains the name of *canal*, and its ends are called *holes*.

The cavities allow the heads of bones to play in them; they lodge and defend other parts; they afford ſafe paſſage to veſſels, muſcles, &c. To mention more would engage us too much in the hiſtory of particular bones, which more properly belongs to the demonſtration of the *ſkeleton*, where we ſhall have occaſion to obſerve theſe ſeveral ſpecies of cavities.

To far the greater number of bones, whoſe ends are not joined to other bones by an immoveable articulation, there are ſmaller ones annexed, which afterwards become ſcarce diſtinguiſhable from the ſubſtance of the bone itſelf. Theſe are called *epiphyſes* or *appendices* (*m*). Some bones have one, others have two, three, or four of theſe *appendices* annexed by the means of cartilages, which are of a conſiderable thickneſs in children, but by age become thinner; the oſſification proceeding from the end of the bone on one ſide, and from the epiphyſes on the other, till at laſt, in adults, the place of their conjunction can ſcarcely be ſeen on the external ſurface; and it is only ſometimes that we can then ſee any mark of diſtinction in the cancelli (*n*).

Several proceſſes (*e. g. trochanters* of the thigh, *ſpine* of the ſcapula, &c.) have *epiphyſes*; and proceſſes frequently riſe out from epiphyſes; for example, at the lower end of the femur, ulna, tibia, &c. (*o*).

The

(*m*) Applantatio, additamentum, adnaſcentia, adnexum, perone.

(*n*) Winſlow, Expoſition anatomique de corps humain, traité des os ſecs, § 116.

(*o*) Veſal. De human. corp. fabrica, lib. 1. cap. 3.

The epiphyſes are united chiefly to ſuch bones as are deſtined for frequent and violent motion; and for this purpoſe they are wiſely framed of a larger diameter than the bone they belong to: for, by this means, the ſurface of contact between the two bones of any articulation being increaſed, their conjunction becomes firmer, and the muſcles inſerted into them act with greater force by reaſon of their axes being further removed from the centre of motion. Theſe advantages might indeed have been obtained by the expanſion of the end of the bone itſelf to a thickneſs equal to that of the epiphyſes; but then the conſtant ſeparation of new plates to form ſo wide a cellular ſtructure, muſt have left the ſolid ſides of the bones ſo thin as to yield eaſily, either to the action of the muſcles fixed to them and paſſing over them, to the weight ſeveral of them are obliged to ſupport, or to the application of any other external force.

Several anatomiſts (*p*) thought that the *epiphyſes* ſerve other purpoſes; ſuch as ſecuring the ligaments of the articulations which riſe out from between the bones and them; for, as ſoon as theſe parts are intimately joined, the ligaments inſinuated betwixt them muſt have a much ſtronger connection than they could have to the ſmooth ſurface of the bones. Such an interception of the ligament between the body of the bone and its epiphyſe is not to be ſeen; but as, at this place, the bone remains longer ſoft than any where elſe, and the adheſion of the perioſteum and of ligaments to bones is always ſtronger in proportion to the bones being neareſt to the conſiſtence of thoſe parts, which is, being ſofteſt, the opinion of theſe writers, concerning the ſtronger connection of the ligaments where the bones and epiphyſes join, is not without ſome foundation.

Poſſibly too, by the fibres of epiphyſes not extending

(*p*) Collumb. De re anatomica, lib. 1. cap. 2.——Fallop. Expoſ. de oſſibus, cap. 14.

ing themſelves ſo longitudinally as thoſe of the bones, there may be leſs chance of the former running into each other than of the latter.

The ſoftneſs of the ends of bones may be of ſome advantage in the womb and at birth; after which the oſſification begins at different points to form epiphyſes, before the oſſification can extend from the middle to the ends of the bones (*q*).

OF OSSIFICATION.

However ſolid and compact adult bones are, yet they were once cartilages, membranes, nay, a mere jelly. This needs no further proof, than repeated obſervations of embryos when diſſected: And how much more tender muſt the bones be before that time, when neither knife nor eye is capable to diſcover the leaſt rudiments of them? By degrees they become more ſolid, then aſſume the nature of griſtles, and at laſt oſſify; the coheſion of their plates and fibres always increaſing in proportion to their increaſed ſolidities; as is evident from the time neceſſary to unravel the texture of bones of people of different ages, or of denſe and of ſpongy bones, or of the different parts of the ſame bone, and from the more tedious exfoliations of the bones of adults than of children.

After any part of a bone is fully oſſified, its fibres are extended little more in length at that part, tho' they increaſe there in thickneſs, and though their ſofter parts continue to become longer (*r*).

As the ſolidity of bones increaſes, their perioſteum more eaſily ſeparates from them. When bones are membranous, the perioſteum and they cannot be diſtinguiſhed; they appear to be the ſame ſubſtance. When they are cartilages, their membrane adheres ſo firmly to them, that it is difficult to ſeparate it from them.

(*q*) Haller de ſtudio medic. p. 267.

(*r*) Hales's Vegetable ſtatics, p. 293.——Du Hamel, Memoires de l'acad. des ſciences, 1742.

them. Where the rigid bony fibres are, the perioſteum is eaſily taken off.—Is the ſimilarity of ſtructure and conſequent greater attraction of the membrane and ſubſtance it incloſes, while they are both flexible, the cauſe of their greater adheſion? or is it owing to the veſſels that go from the one to the other being then larger? or do both theſe cauſes combine to produce this effect? Or is the membrane or cartilage, which becomes bone afterwards, to be conſidered as the ſame ſubſtance with the perioſteum (*s*)? and muſt all theſe plates of bones be therefore ſaid to be layers of the perioſteum hardened (*t*)?

The oſſification of bones depends principally on their veſſels being ſo diſpoſed, and of ſuch diameters, as to ſeparate a liquor, which may eaſily turn into a bony ſubſtance, when it is deprived of its thinner parts; as ſeems plain from the obſervation of the callous matter ſeparated after fractures and ulcers, where part of the bone is taken out: For, in theſe caſes, the veſſels extending themſelves, and the liquors added to them, are gradually formed into granulated fleſh; which fills up all the ſpace where the bone is taken from, then hardens till it becomes as firm as any other part of the bone. This happens frequently, even when the ends of the diſeaſed bone are at a conſiderable diſtance from each other (*u*).

The induration of bones is alſo greatly aſſiſted by their being expoſed, more than any other parts, to the ſtrong preſſure of the great weights they ſupport, to the violent contraction of the muſcles fixed to them, and to the force of the parts they contain, which endeavour to make way for their own further growth. By all this preſſing force, the ſolid fibres and veſſels of bones are thruſt

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(*s*) Memoires des l'acad. des ſciences, 1744.

(*t*) Memoires de l'acad. des ſciences, 1743.

(*u*) Hildan. de vuln. gravif.——Med. eſſays, vol. 1. art. 23, ——Job a Meckren, obſ. 69.——Mem. de l'acad. des ſciences, 1742.——See a collection of ſuch caſes in Boehmer de oſſium callo.

thruſt cloſer, and ſuch particles of the fluids conveyed in theſe veſſels as are fit to be united to the fibres are ſooner and more firmly incorporated with them, while the remaining fluids are forcibly driven out by the veins, to be mixed with the maſs of blood. In conſequence of this, the veſſels gradually diminiſh as the bones harden. From which again we can underſtand one reaſon why the bones of young animals ſooner re-unite after a fracture than thoſe of old, and why cattle that are put too ſoon to hard labour, ſeldom are of ſuch large ſize as others of the ſame brood who are longer kept from labour.

That the oſſifying of bones greatly depends on preſſure, ſeems to be evinced from the frequent examples we meet with of other parts turning bony, when long expoſed to the preſſing force of the ſurrounding parts, or when they are ſubjected to the like circumſtances by their own frequent and violent contraction. Witneſs the bones found frequently near the baſe of the heart in ſome old men (*x*), and in ſeveral other creatures. Nay, the muſcular ſubſtance of the heart has been oſſified in ſuch (*y*), and the arteries of old men often become bony. ——The cartilages of the larynx are generally oſſified in adults.—In beaſts of burden, the cartilages between the vertebræ of the back very often change into complete bones; and, being intimately united with the vertebræ, the whole appears one continued bone:—— Nor is the perioſteum exempted from ſuch an induration (*z*).

To confirm this argument ſtill farther, we may obſerve, that bones begin their oſſification at the places where they are moſt expoſed to theſe cauſes, viz. in the cylindrical bones, from a middle ring; and in the broad ones,

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(*x*) Riolan. Comment. de oſſib. cap. 32.——Bartholin. Hiſt. medic. cent. 1. hiſt. 50.——Ibid. cent. 2. hiſt. 45.

(*y*) Cheſelden's Anatomy, book 1. introd.——Garengeot, Hiſt. de l'acad. des ſciences, 1726.

(*z*) Peyer. Ephemerid. German. decur. 2. ann. 7. obſerv. 205.

ones, at or near their centre, from one or more diſtinct points. The reaſon of which is, That theſe parts are contiguous to the bellies of the muſcles annexed to the bones, where the ſwelling of theſe moving powers is greateſt. What the effects of this may be, let any judge, who view ſome of the bones, as the ſcapula and oſſa ilium, which are covered with muſcles on each ſide; how compact and thin they are in adults, where the bellies of the muſcles were lodged; whereas in children they are thicker. But this being the middle part of theſe bones, where the greateſt number of fibres is, this particular place would have been much thicker in adults, had not this forcible cauſe been applied, which has not had ſuch effects in children, whoſe muſcles have not been much exerciſed.—Beſides, if we allow that all the parts of a bone are equally increaſed by the conſtant ſupply of new particles, each fibre, and every particle of a fibre, endeavours to make way for its own growth, by puſhing the one next to it; and conſequently by far the greateſt preſſure is on the middle, to make the particles firm, and therefore to begin their oſſification there. Laſtly, the pulſation of the medullary arteries, which enter the bones near to this middle part, may, as authors have alleged, contribute perhaps ſomewhat to this induration.

From the effects of preſſure only it is that we can account for the bones of old people having their ſides much thinner, yet more denſe and ſolid, while the cavities are much larger than in thoſe of young people; and for the prints of muſcles, veſſels, &c. being ſo much more ſtrongly marked on the ſurfaces of the former than of the latter, if they belong to people of near the ſame condition in life.—Preſſure muſt likewiſe be the cauſe, which, in people of equal ages, makes theſe prints ſtronger in the bones of thoſe who had much labour and exerciſe, than they are in people who have led an indolent inactive life.

Perhaps both the cauſes of oſſification above-mentioned may be aſſiſted by the nature of the climate people live in, and the food they uſe. Whence, in hot countries, the inhabitants ſooner come to their height of ſtature than in the northerly cold regions: And thence ſeems to have ariſen the common practice among the ladies, of making puppies drink brandy or ſpirit of wine, and of bathing them in theſe liquors, to prevent their growing big. Nay, it has been obſerved, that much uſe of ſuch ſpirits has occaſioned parts, naturally ſoft, to petrify in ſome, and to oſſify in other people of no great age (*a*).

From the foregoing account of the ſtructure of bones, and of their oſſification, we may underſtand the reaſons of the following phenomena.

How the natural colour of bones may be changed by ſome ſorts of food (*b*).

Why the bones of ſome people are ſo long in hardening, and in others never completely indurate.

Why, in ſuch whoſe oſſification is ſlow, the bones are generally thicker in proportion to their lengths, eſpecially at their ends; as in the rickets.

How hard firm bones have become ſoft and pliable by diſeaſes (*c*).

Why, in ſome diſeaſes, epiphyſes ſeparate from bones (*d*), and the ends of fractured bones come aſunder many years after their fractures appeared to be cured (*e*).

How

(*a*) Littre, Hiſtoire de l'acad. des ſciences, 1706.——Geoffroy, Mem. de l'acad. des ſciences, 1706.

(*b*) Philoſoph. tranſact. num. 442. art. 8. num. 443. art. 2. num. 457. art. 4.——Mem. de l'acad. des ſciences, 1739, 1742.

(*c*) Hiſtoire de l'acad. des ſciences, 1704. Mem. 1722. Gagliardi, Anatom. oſſium, cap. 2. obſerv. 3. —Ephem. Germ. decur. 1. ann. 1. obſ. 37. et ſchol. decur. 2. ann. 7. obſ. 212. 235. decur. 3. ann. 2. obſ. 3.——Philoſ. tranſ. nº 470. § 3. Ibid. vol. 48 § 4. and 44.

(*d*) Memoires de l'acad. des ſciences, 1699.—Diemerbroek, lib. 9. cap. 19.——Cowper's Anat. Explic. tab. 96. fig. 1.

(*e*) Anſon's voyage.

How bones may waſte and diminiſh (*f*.)

How bones may become ſolid all through, without any appearance of cancelli (*g*).

How nodes, tophi, and exoſtoſes, happen after the eroſion of the external plates of bones in the lues venerea, ſcurvy, rheumatiſm, and gout.

How bones exfoliate by the riſing of granulated fleſh from their ſurface.

How and from what callus is formed after a fracture (*h*).

Why callus appears to be rather the continued ſubſtance of the perioſteum than of the bone, while it remains ſoft and flexible; but ſeems continued with the bone after it oſſifies (*i*).

Why callus is ſenſible while it is ſoft, but becomes inſenſible when it hardens.

What occaſions ſometimes ſuch difficulty in curing fractured bones; or why they never re-unite, though they are reduced, and all proper means towards a cure are uſed (*k*).——Are the bones of women with child more tedious in reuniting than thoſe of other people (*l*)?

Why calluſes, after fractures, are ſometimes very thick and protuberant.

What difference there ought to be in the application of bandages to fractures of the bones of old and of young patients.

How bones, remaining long unreduced after a luxation,

(*f*) Cheſelden's Anat. book 1. introd.——Hiſt. de l'acad. des ſciences, 1700.

(*g*) Ruyſch. Theſaur. 2. arc. 5. theſ. 3. loc. 1. num. 5. theſ. 9. numb. 2. not. 3.——Bochmer de callo oſſium.

(*h*) Memoires de l'acad. des ſciences, 1741.——Dehtleef de oſſium callo.

(*i*) Mem. de l'acad. 1741.

(*k*) Meckren Obſerv. medico-chirurg. obſ. 71.——Ruyſch. Adverſ. dec. 2. § 2. Obſerv. anat.-chir. obſ. 4.——Van Swieten in Boerhaave Aphor. § 354.

(*l*) Hildan. centur. 5. obſ. 87. et cent. 6. obſ. 68.——Philoſ. tranſact. n° 494. § 21.

tion, may have their form ſo changed as to make their reduction very difficult, if not impoſſible (*m*).

Whoever is deſirous to know in what time and order each bone and its ſeveral parts begin to aſſume a bony nature, let him conſult Kerckingius (*n*), who gives us the delineations of abortions from three days after conception, and traces the oſſification of the bones from three weeks and a month, till the time of the birth: To whom ſhould be added Coiterus (*o*) and Eyſſonius (*p*). An account of this ſubject might alſo be collected out of Ruyſch's works, where ſome of the miſtakes committed by the former authors are corrected; and ſeveral more particulars, to make the hiſtory of the oſteogenea more accurate, have ſince been added by Neſbit (*q*) and Albinus (*r*).

I muſt refer to the authors now quoted for the more curious part of the human oſteogeny; not having preparations enough to give ſuch a full hiſtory of it as is done by them. But I ſhall endeavour to explain the more uſeful and neceſſary part of the oſteogeny, by ſubjoining to the deſcription of each bone of an adult, its condition in ripe children; that is, in ſuch as are born at the ordinary time; and ſhall point out what parts of each are afterwards joined in form of epiphyſes. This, with the following general rules, ſeem to me ſufficient for underſtanding what of this ſubject is neceſſary in the practice of phyſic and ſurgery.

1. Wherever I mention any parts being cartilaginous, or their being ſtill ſeparable from the other parts of the bone to which they belong, I would be underſtood to hint, that, about ſeven or eight years of age, ſuch

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(*m*) Saltzman, Obſ. decur. obſ. 6.——Memoires de l'acad. de chirurgie, tom. 2. p. 155.——Bochmer Inſtit. oſteolog. § 596.

(*n*) Anthropograph. ichnograph. et oſteogenea fœtuum.

(*o*) De oſſibus fœtus abortivi.

(*p*) De oſſibus infant. cognoſcend. et curand.

(*q*) Human oſteogeny explained.

(*r*) Icones oſſium fœtus humani; accedit oſteogeneæ brevis hiſtoria.

ſuch parts are oſſified and united to their proper bones, unleſs when it is ſaid that they are afterwards formed into epiphyſes.

2. Such as become epiphyſes are generally oſſified at ſeven or eight years of age; but, being for the moſt part moiſtened by ſynovia, their external ſurface is ſtill ſomewhat cartilaginous, and they are not yet united to their bones.

3. At eighteen or twenty years of age the epiphyſes are entirely oſſified, and have blended their fibres ſo with the body of the bone, as to make them inſeparable without violence.

The knowledge of this part of the oſteogeny I think neceſſary, to prevent dangerous miſtakes in the cure of ſeveral diſeaſes. As for example: Without this knowledge, the ſeparation of an epiphyſe might be miſtaken for a fracture or luxation.——The interſtice of two parts of a bone not yet joined, might be judged to be a fiſſure.——A diaſtaſis, or ſeparation of ſuch disjoined pieces of a bone, might be thought a fracture.—The protruſion of one piece, or its overlopping any other, could be miſtaken for an excreſcence or exoſtoſis.——Such errors about the nature of a diſeaſe would give one very different indications of cure from what he would have if he really underſtood his patient's caſe: And very often the knowledge of the different inequalities on the ſurfaces of bones, muſt direct us in the execu- of what is proper to be done to cure ſeveral of their diſeaſes.

OF THE CONNECTION OF BONES.

HAVING thus conſidered the bones when ſingle, we ought next to ſhow the different manner of their conjunctions (*s*). To expreſs theſe, anatomiſts have contrived a great number of technical terms; about the meaning, propriety, and claſſing of which, there has un-

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(*s*) Συνταξις, συνδεσις, συμβολη, ομιλια, Compoſitio, connexio, articulatio, conjunctio, nodus, commiſſura, ſtructura, compages.

unluckily been variety of opinions. Some of theſe terms it is neceſſary to retain, ſince they ſerve to expreſs the various circumſtances of the articulations, and to underſtand the writers on this ſubject.

The ARTICULATIONS are moſt commonly divided into three claſſes, *viz.* Symphyſis, Synarthroſis, and Diarthroſis.

I. SYMPHYSIS, which properly ſignifies the concretion or growing together of parts, when uſed to expreſs the articulations of bones, does not ſeem to comprehend, under the meaning generally given to it, any thing relating to the form or motion of the conjoined bones; but by it moſt authors only denote the bones to be connected by ſome other ſubſtance; and as there are different ſubſtances which ſerve this purpoſe, therefore they divide it into the three following ſpecies.

1. *Synchondroſis* (*t*), when a cartilage is the connecting ſubſtance: thus the ribs are joined to the ſternum; thus the bodies of the vertebræ are conuected to each other; as are likewiſe the oſſa pubis.

2. *Synneuroſis*, or *ſyndeſmoſis*, when ligaments are the connecting bodies, as they are in all the moveable articulations.

3. *Syſſarcoſis*, when muſcles are ſtretched from one bone to another, as they muſt be where there are moveable joints.

II. The ſecond claſs of articulations, the SYNARTHROSIS, which is ſaid to be the general term by which the immoveable conjunction of bones is expreſſed, is divided into three kinds.

1. The *ſuture* (*u*) is that articulation where two bones are mutually indented into each other, or as if they were ſewed together; and is formed by the fibres of two bones meeting while they are yet flexible and yielding, and have not come to their full extent of growth; ſo that they mutually force into the interſtices of each other, till,

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(*t*) Amphiarthroſis.

(*u*) Ραφη.

till, meeting with ſuch reſiſtance as they are not able to overcome, they are ſtopped from ſprouting out farther, or are reflected; and therefore theſe indentations are very different both in figure and magnitude: thus the bones of the head are joined; thus epiphyſes are joined to the bones, before their full connection and union with them.

Under this title of *ſuture*, the *harmonia* of the ancients may be comprehended; ſcarce any unmoved bones being joined by plain ſurfaces (*x*).

2. *Gomphoſis* (*y*) is the fixing one bone into another, as a nail is fixed in a board: thus the teeth are ſecured in their ſockets.

3. *Schindyleſis* or *ploughing* (*z*), when a thin lamella of one bone is received into a long narrow furrow of another: thus the proceſſus azygos of the ſphenoid, and the naſal proceſs of the ethmoid bone, are received by the vomer.

III. The third claſs, or DIARTHROSIS (*a*), is the articulation where the bones are ſo looſely connected as to allow large motion. This is ſubdivided into three kinds.

1. *Enarthroſis*, or the ball and ſocket, when a large head is received into a deep cavity; as the head of the os femoris is into the acetabulum coxendicis.

2. *Arthrodia*, when a round head is received into a ſuperficial cavity; as in the articulation of the arm-bone and ſcapula. Theſe two ſpecies of diarthroſis allow motion to all ſides.

3. *Ginglimus* (*b*), which properly ſignifies the hinge of a door or window; in it the parts of the bones mutually receive and are received, and allow of motion two ways: Workmen call it *charnal*.

The

(*x*) Veſal. obſerv. Fallop. examen.

(*y*) Conclavatio.

(*z*) Keil's Anat. chap. 5. ſect. 3.

(*a*) Απαρθρωσις, Dearticulatio, abarticulatio.

(*b*) Articulatio mutua.

The *ginglimus* is generally divided into three kinds; to which ſome (*c*) give the names of *contiguous* (*d*), *diſtant* (*e*), and *compound* (*f*).

The firſt kind of ginglimus is when a bone has ſeveral protuberances and cavities, which anſwer to as many cavities and proceſſes of the other bone with which it is articulated; as in the conjunction of the femur with the tibia.

The ſecond ſpecies is, when a bone receives another at one end, and is received by the ſame bone at the other end; as in the radius and ulna.

The laſt ſort is, when a bone receives another, and is received by a third; as in the oblique proceſſes of the vertebræ.

When I firſt mentioned the articulations of bones, I ſaid there were different opinions concerning the uſe of their technical names; *e. g.* It has been ſaid, that *ſymphyſis* ſhould be the name for the immoveable articulations, and *ſynarthroſis* ſhould be underſtood to be the conjunction of bones by ſome connecting medium.—— Thoſe who have taken *ſymphyſis* in the ſenſe I did, of its expreſſing the conjunction of bones with a connecting ſubſtance, have diſagreed in their definition of it; ſome inſerting, and others leaving out, its allowing motion. Where they have agreed in their definition, they have not been of the ſame mind concerning the ſpecies of it: for ſeveral think the *ſyſarcoſis* and *ſyndeſmoſis* applicable to ſo many joints which are univerſally allowed to be claſſed under the *diarthroſis*, that it muſt create confuſion to name them by any ſpecies of the *ſymphyſis*. Few keep to ſuch a general definition of the ſynchondroſis as I have done; and whether they determine it to allow no motion, or an obſcure or a manifeſt one, they bring themſelves into difficulties, becauſe there are ex-

amples

(*c*) Baker, Curſ. Oſteolog. demonſtr. 1.

(*d*) Proximus.

(*e*) Longus.

(*f*) Compoſitus.

amples of all theſe three kinds.——Some again, by too nicely diſtinguiſhing obſcure and manifeſt motions of bones, have blended the *ſynarthroſis* and *diarthroſis*; and from thence have branched out the different compound ſpecies of articulations that may be formed of them, ſo far, that they could find no examples in the body to illuſtrate them by.—It would be tedious to enumerate more of the jarring opinions, and it would be far more ſo to give a detail of the arguments uſed by the diſputants. It is ſufficient for my purpoſe that it is underſtood in what ſenſe I take theſe technical terms; which I do in the following manner.

When I mention the ſymphyſis or ſynarthroſis, or any ſpecies of them, I ſhall always underſtand them according to the explication already given of them. But though the preceding account of the diarthroſis, or articulation of moveable bones, has been almoſt univerſally received; yet ſeeing it does not comprehend all the moveable articulations of the body, and one of its ſpecies does not anſwer to any notion we can have of the conjunction of two bones, I muſt beg leave to change the definitions and kinds of theſe joints.

I would call *diarthroſis*, That conjunction of bones whereby they are fitted for motion, being each covered with a ſmooth cartilage, connected by one or more common ligaments, and lubricated with liquor at the conjoined parts: In which definition I have no regard to the quantity of motion which they really do perform; the motion being often confined or enlarged by ſome other cauſe not immediately depending on the frame of the two ſurfaces of the bones forming the particular joint which then is conſidered.

The firſt ſpecies of the diarthroſis, viz. the *enarthroſis*, or ball and ſocket, I would define more generally than above, That articulation where a round head of one bone is received into a cavity of another; and conſequently, without ſome foreign impediment, is capable of motion to all ſides. Examples of this kind are to be ſeen in the articulation of the thigh-bone and oſſa innominata; arm-bone and ſcapula; aſtragalus and os naviculare; magnum of the wriſt with the ſcaphoides and lunare; firſt bone of the thumb with the ſecond, &c.

The ſecond ſort, or the *arthrodia*, differing from the enarthroſis, in the preceding account, only in the cavity's being more ſuperficial, (which makes no eſſential difference, eſpecially that, in the recent ſubject, cartilages or ligaments ſupply the deficiency of bone), ought, in my opinion, to be called with Veſalius (*g*), that articulation of two bones adapted for motion, where it is not at firſt ſight obvious which of the two has the head or cavity, or where they are joined by plain ſurfaces, or nearly ſo: ſuch is the conjunction of the clavicle with the ſcapula; oſſa cuneiformia with the os naviculare; metatarſal bones with the oſſa cuneiformia, &c. From the nature of this ſort of joint, it is plain, that very great motion cannot be allowed, without the bones going further out of their natural ſituation than is convenient or ſafe.

Ginglimus, I would reckon that articulation by the form of which the motion of the joined bones muſt be chiefly confined to two directions, which hinges of doors are.

The firſt ſpecies of this is the *trochoides*, when one bone turns on another, as a wheel does on its axis. Thus the firſt vertebra of the neck moves on the tooth-like proceſs of the ſecond. This is the moſt proper kind of ginglimus.

The ſecond ſpecies ſhould be eſteemed that articulation where ſeveral prominent and hollow ſurfaces of two bones move on each other within the ſame common ligament; as in the knee, elbow, &c.

The third ſort of ginglimus is, when two bones are articulated to each other at different parts, with a diſtinct apparatus of the motory machines at each: ſuch is

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(*g*) De corp. human. fabrica, lib. 1. cap. 4.

is the articulation of the os occipitis with the firſt vertebra of the neck; of any two contiguous vertebræ, by their oblique proceſſes; of the ribs with the bodies and tranſverſe proceſſes of the vertebræ; of the radius with the ulna, tibia with the fibula, aſtragalus with the calcaneum, &c.

I would entirely throw out what is commonly called the third kind of ginglimus: for in examining the conjunction of a bone with two others, as in the common example of a vertebra joined with the one above and below, the connection of the middle one with each of the other two ought to be conſidered ſeparately: otherwiſe we might, with the ſame propriety, eſteem the articulations that the long bones, the femur, tibia, humerus, &c. have at their different ends, as one articulation; which is abſurd.

If the moveable bones are not connected and kept firm by ſome ſtrong ſubſtance, they would be luxated at every motion of the joints; and if their hard rough unequal ſurfaces were to play on each other, their motion would not only be difficult, but the loſs of ſubſtance from attrition would be great. Therefore ligaments are made to obviate the firſt, and cartilages to prevent the other inconveniency. But becauſe ligaments and cartilages turn rigid, inflexible, and rough, unleſs they are kept moiſt, a ſufficient quantity of proper liquors is ſupplied for their lubrication, and to preſerve them in a flexible ſtate. Seeing, then, theſe parts are ſo neceſſary to the articulations, I ſhall next conſider their ſtructure, ſituation, and uſes, ſo far as they are ſubſervient to the bones and their motions.

OF THE LIGAMENTS.

Ligaments (*b*) are white flexible bodies, thicker and firmer than membranes, and not ſo hard or firm as cartilages, without any remarkable cavity in their ſubſtance, difficultly ſtretched, and with little elaſticity; ſerving

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(*b*) Συνδεσμοι, νευροι, copulæ, vincula.

ſerving to connect one part to another, or to prevent the parts to which they are fixed from being removed out of that ſituation which is uſeful and ſafe.

After maceration in water, the ligaments can eaſily be divided; and each ligamentous layer appears compoſed of fibres, the largeſt of which are diſpoſed in a longitudinal direction.

The arteries of ligaments are very conſpicuous after a tolerable injection, and the larger trunks of their veins are ſometimes to be ſeen full of blood.

Such ligaments as form the ſides of cavities, have numerous orifices of their arteries opening upon their internal ſurface, which keep it always moiſt. If we rub off that moiſture, and then preſs the ligament, we can ſee the liquor oozing out from ſmall pores; and we can force thin liquors injected by the arteries into the cavities formed by ligaments.

Theſe exhalent arteries muſt have correſponding abſorbent veins, otherwiſe the cavities would ſoon be too full of liquor.

Ligaments, then, muſt be ſubject to the diſeaſes common to other parts, where there is a circulation of fluids, allowance always being made for the ſize of veſſels, nature of the fluids, and firmneſs of the texture of each part.

Authors generally ſay that ligaments are inſenſible; and conſequently it may be inferred, that they have no nerves beſtowed on them. But the violent racking pain felt on the leaſt motion of a joint labouring under a rheumatiſm, the ſeat of which diſeaſe ſeems often to be in the ligaments; and the inſufferable torture occaſioned by inciſions of ligaments, and by a collection of acrid matter in a joint, or by tophi in the gout, would perſuade us that they are abundantly ſupplied with nerves.

The ligaments which connect the moveable bones commonly riſe from the conjunction of the epiphyſes of the one bone, and are inſerted into the ſame place of the other; or, where epiphyſes are not, they come out from the cervix, and beyond the ſupercilia of the articulated bones; and after ſuch a manner, in both caſes, as to include the articulation in a purſe or bag; with this difference, depending on their different motions, that where the motion is only to be in two directions, the ligaments are ſtrongeſt on thoſe ſides towards which the bones are not moved; and when a great variety of motions is deſigned to be allowed, the ligaments are weaker than in the former ſort of articulations, and are nearly of the ſame ſtrength all round.

Part of the capſular ligaments is compoſed of the perioſteum, continued from one bone to another, as was obſerved p. 18. and their internal layer is continued on the parts of the bone or cartilage which the ligament includes (*i*).

Beſides theſe common capſular ligaments of the joints, there are particular ones in ſeveral places, either for the firmer connection of the articulated bones, or for reſtraining and confining the motion to ſome one ſide; ſuch are the *croſs* and *lateral* ligaments of the knee, the *round* one of the thigh, &c.

From this account of the ligaments, we may conclude, that, *cæteris paribus*, in whatever articulation the ligaments are few, long, and weak, the motion is more free and quick; but luxations happen frequently: and, on the contrary, where the ligaments are numerous, ſhort, and ſtrong, the motion is more confined; but ſuch a joint is leſs expoſed to luxations (*k*).——Whence we may judge how neceſſary it is to attend to the different ligaments, and the changes which have been made on them by a luxation, when it is to be reduced.

Ligaments alſo ſupply the place of bones in ſeveral caſes to advantage. Thus the parts in the pelvis are more ſafely ſupported below by ligaments than they could

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(*i*) Neſbit, Oſteogen.—Philoſ. tranſact. N° 470. § 6.

(*k*) Fabric. ab Aquapend. de articul. part. utilit. pars 3.

could have been by bone.——The ligaments placed in the great holes of the oſſa innominata, and between the bones of the fore-arm and leg, afford convenient origin to muſcles.—Immoveable bones are firmly connected by them; of which the conjunction of the os ſacrum and innominatum is an example.——They afford a ſocket for moveable bones to play in, as we ſee part of the aſtragalus does on the ligament ſtretched from the heel-bone to the ſcaphoid.

Numerous inconveniences may ariſe from too long or ſhort, ſtrong or weak, lax or rigid ligaments.

OF THE CARTILAGES.

CARTILAGES (*l*) are ſolid, ſmooth, white, elaſtic ſubſtances, between the hardneſs of bones and ligaments, and covered with a membrane named *perichondrium*; which is of the ſame ſtructure and uſe to them as the perioſteum is to the bones.

Cartilages are compoſed of plates, which are formed of fibres, diſpoſed much in the ſame way as thoſe of bones are; as might be reaſonably concluded from obſerving bones in a cartilaginous ſtate before they oſſify, and from ſeeing, on the other hand, ſo many cartilages become bony. This may be ſtill further confirmed by the exfoliation which cartilages are ſubject to as well as bones.

The perichondrium of ſeveral cartilages, for example thoſe of the ribs and larynx, has arteries, which can be equally well injected with thoſe of the perioſteum; but the veſſels of that membrane in other parts, *e. g.* the articular cartilages, are ſmaller, and in none of them does injection enter deep into the ſubſtance of the cartilages; nay, madder, mixed with the food of animals, does not change the colour of cartilages as it does that of bones (*m*).

(*l*) Χογδροι.

(*m*) Philoſ. Tranſact. N° 442. art. 8. No 443. art. 2. No.

The granulated fleſh which riſes from the ends of metacarpal or metatarſal bones, when the cartilage exfoliates, after a finger or toe has been taken off at the firſt joint, is very ſenſible; from which the exiſtence of nerves in cartilages may be inferred.

While cartilages are in a natural ſtate, it is to be remarked, firſt, That they have no cavity in their middle for marrow. Secondly, That their outer ſurface is ſofteſt, which renders them more flexible. Thirdly, That they do not appear to change their texture near ſo much by acids as bones do. And, laſtly, That as the ſpecific gravity of cartilages is near a third leſs than that of bones; ſo the coheſion of their ſeveral plates is not ſo ſtrong as in bones: Whence cartilages laid bare in wounds or ulcers, are not only more liable to corrupt, but exfoliate much ſooner than bones do.

Cartilages ſeem to be principally kept from oſſifying, either by being ſubjected to alternate motions of flexion and extenſion, the effects of which are very different from any kind of ſimple preſſure; or by being conſtantly moiſtened (*n*). Thus the cartilages on the articulated ends of the great bones of the limbs, and the moveable ones placed between the moving bones in ſome articulations, which are obliged to ſuffer many and different flexions, and are plentifully moiſtened, ſcarce ever change into bone; while thoſe of the ribs and larynx are often oſſified.——The middle angular part of the cartilages of the ribs, which is conſtantly in an alternate ſtate of flexion and extenſion, by being moved in reſpiration, is always the laſt of becoming bony.——In the larynx, the epiglottis, which is oftener bended and more moiſtened than the other four cartilages, ſeldom is oſſified, while the others as ſeldom eſcape it in adults.

The cartilages ſubſervient to bones are ſometimes found

N° 457. art. 4 —Mem. de l'acad. des ſciences, 1739 et 1742.—— Dehtleef de oſſium callo.

(*n*) Havers Oſteolog. Nov.

found on the ends of bones which are joined to no other; but are never wanting on the ends and in the cavities of ſuch bones as are deſigned for motion (*o*). Cartilages alſo are interpoſed between ſuch other cartilages as cover the heads and cavities of articulated bones; nay, they are alſo placed between immoveable bones.

The *uſes* of cartilages, ſo far as they regard bones, are, to allow, by their ſmoothneſs, ſuch bones as are deſigned for motion, to ſlide eaſily without detrition, while, by their flexibility, they accommodate themſelves to the ſeveral figures neceſſary in different motions, and, by their elaſticity, they recover their natural poſition and ſhape as ſoon as the preſſure is removed.——This ſpringy force may alſo aſſiſt the motion of the joint to be more expeditious, and may render ſhocks in running, jumping, &c. leſs.——To theſe cartilages we chiefly owe the ſecurity of the moveable articulations: for, without them, the bony fibres would ſprout out, and intimately coaleſce with the adjoining bone; whence a true anchyloſis muſt neceſſarily follow; which never fails to happen when the cartilages are eroded by acrid matter, or oſſified from want of motion or defect of liquor, as we ſee often happens after wounds of the joints, paidarthrocace, ſcrophula, and ſpina ventoſa, or from old age, and long immobility of joints (*p*).——Hence we may know what the annihilation is, which is ſaid to be made of the head of a bone, and of the cavity for lodging it, after an unreduced fracture (*q*). The moveable cartilages interpoſed in joints ſerve to make the motions both freer and more ſafe than they would otherwiſe be.——Thoſe placed on the ends of bones that are not articulated, as on

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(*o*) Celſ. de re medic. lib. 8. cap. 1.

(*p*) Columb. de re anat. lib. 15.—Deſlandes, Hiſt. de l'acad. des ſciences, 1716—Phil. tranſact. N° 215.—Ibid. N° 461. ſect. 16.

(*q*) Hildan. de ichor. et melicer. acri Celſi, cap. 5.——Ruyſch. Theſ. 8. N° 103.——Saltzman, in Act. Petropolit. tom. 3. p. 275.

the ſpine of the os ilium, baſe of the ſcapula, &c. ſerve to prevent the bony fibres from growing out too far.—Cartilages ſometimes ſerve as ligaments, either to faſten together bones that are immoveably joined, ſuch are the cartilages between the os ſacrum and oſſa ilium, the oſſa pubis, &c. or to connect bones that enjoy manifeſt motion, as thoſe do which are placed between the bodies of the true vertebræ, &c.———Cartilages very often do the office of bones to greater advantage than theſe laſt could; as in the cartilages of the ribs, thoſe which ſupply brims to cavities, &c.

Too great thickneſs or thinneſs, length or ſhortneſs, hardneſs or ſuppleneſs, of cartilages, may therefore cauſe great diſorders in the body.

OF THE SYNOVIA.

THE liquor which principally ſerves to moiſten the ligaments and cartilages of the articulations is ſupplied by glands, which are commonly ſituated in the joint, after ſuch a manner as to be gently preſſed, but not deſtroyed by its motion. By this means, when there is the greateſt neceſſity for this liquor, that is, when the moſt frequent motions are performed, the greateſt quantity of it muſt be ſeparated. Theſe glands are ſoft and pappy, but not friable: in ſome of the large joints they are of the conglomerate kind, or a great number of ſmall glandules are wrapt up in one common membrane. Their excretory ducts are long, and hang looſe, like ſo many fringes, within the articulation; which, by its motion and preſſure, prevents obſtructions in the body of the gland or its excretories, and promotes the return of this liquor, when fit to be taken up by the abſorbent veſſels, which muſt be in the joints, as well as in the other cavities of the body; and, at the ſame time, the preſſure on the excretory ducts hinders a ſuperfluous unneceſſary ſecretion, while the fimbriated diſpoſition of theſe excretories does not allow

low any of the ſecreted liquor to be puſhed back again by theſe canals towards the glands (*r*).

Very often theſe fountains of ſlimy liquor appear only as a net-work of veſſels.—Frequently they are almoſt concealed by cellular membranes containing the fat—and ſometimes ſmall ſimple mucous folliculi may be ſeen (*s*).

The different joints have theſe organs in different numbers and ſizes: the conglomerate ones do not vary much, eſpecially as to ſituation, in the ſimilar joints of different bodies; but the others are more uncertain.

Upon preſſing any of theſe glands with the finger, one can ſqueeze out of their excretories a mucilaginous liquor, which ſomewhat reſembles the white of an egg or ſerum of the blood; but it is manifeſtly ſalt to the taſte. It does not cogulate by acids or by heat, as the ſerum does; but by the latter turns firſt thinner, and, when evaporated, leaves only a thin ſalt film.

The quantity of this mucilage, conſtantly ſupplied, muſt be very conſiderable, ſince we ſee what a plentiful troubleſome diſcharge of glary matter follows a wound or ulcer of any joint: of which liquor the mucilage is a conſiderable part.

The veſſels which ſupply liquors for making the ſecretion of this mucilage, and the veins which bring back the blood remaining after the ſecretion, are to be ſeen without any preparation; and, after a tolerable injection of the arteries, the glands are covered with them.

In a ſound ſtate, we are not conſcious of any ſenſibility in thoſe glands: but, in ſome caſes which I have ſeen, when they inflame and ſuppurate, the moſt racking pain is felt in them; a melancholy, though a ſure proof that they have nerves.

Theſe mucilaginous glands are commonly lodged in a cellular ſubſtance; which is alſo to be obſerved in other parts of the bag formed by the ligaments of the arti-

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(*r*) Cowper, Anatom. explicat. tab 79. lit. E. E.

(*s*) Morgagn. Adverſar. 2. animad. 23.

articulation; and contains a fatty matter, that muſt neceſſarily be attenuated, and forced through the including membranes into the cavity of the joint, by the preſſure which it ſuffers from the moving bones.

If, then, the oil is conveyed from this cellular ſubſtance; and if the attenuated marrow paſſes from the cancelli of the bones by the large pores near their ends, or in their cavities, and ſweats through the cartilages there into the articulations; which it may, when aſſiſted by the conſtant heat and action of the body, more eaſily do, than when it eſcapes through the compact ſubſtance of the bones in a ſkeleton: If, I ſay, this oil is ſent to a joint, and is incorporated with the mucilage, and with the fine lymph that is conſtantly oozing out at the extremities of the ſmall arteries diſtributed to the ligaments, one of the fitteſt liniments imaginable muſt be produced; for the mucus diluted by the lymph contributes greatly to its lubricity, and the oil preſerves it from hardening. How well ſuch a mixture ſerves the purpoſe it is deſigned for, Boyle (*t*) tells us he experienced in working his air-pump; for the ſucker could be moved with much leſs force after being moiſtened with water and oil, than when he uſed either one or other of theſe liquors: And I believe every one, at firſt view, will allow the diluted mucilage to be much preferable to ſimple water. The ſynovia (*u*), as this liquor, compoſed of oil, mucilage, and lymph, is commonly now called, while in a ſound ſtate, effectually preſerves all the parts concerned in the articulations ſoft and flexible, and makes them ſlide eaſily on each other, by which their mutual detrition and overheating is prevented, in the manner daily practiſed in coach and cart wheels by beſmearing them with greaſe and tar.

After the liquor of the articulations becomes too thin and unſerviceable, by being conſtantly pounded and rub-

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(*t*) Phyſico-mechanic. experim.

(*u*) Μυζα, mucus, axungia.

rubbed between the moving bones, it is reaſſumed into the maſs of blood by the abſorbent veſſels.

When the ſynovia is not rubbed betwixt the bones, it inſpiſſates. And ſometimes, when the head of a bone has been long out of its cavity, this liquor is ſaid to fill up the place of the bone, and hinder its reduction; or if a joint continues long unmoved, it is alſo ſaid to cement the bones, and occaſion a true anchyloſis (*x*).——If the ſynovia becomes too acrid, it erodes the cartilages and bones; as frequently happens to thoſe who labour under the lues venerea, ſcurvy, ſcrophula, or ſpina ventoſa.——If this liquor is ſeparated in too ſmall quantity, the joint becomes ſtiff; and, when with difficulty it is moved, a crackling noiſe is heard, as people advanced in years frequently experience (*y*).——If the mucilage and lymph are depoſited in too great quantity, and the abſorbent veſſels do not perform their office ſufficiently, they may occaſion a dropſy of the joints (*z*).——From this ſame cauſe alſo the ligaments are often ſo much relaxed, as to make the conjunction of the bones very weak: Thence ariſe the luxations from an internal cauſe, which are eaſily reduced, but difficultly cured (*a*).——Frequently, when ſuch a ſuperfluous quantity of this liquor is pent up, it becomes very acrid, and occaſions a great train of bad ſymptoms; ſuch as ſwelling and pain of the joints, long ſinuous ulcers, and fiſtulæ, rotten bones, immobility of the joints, marcor and atrophia of the whole body, hectic fevers, &c. (*b*).——From a depravity in the blood, or diſeaſes in the organs that furniſh the ſynovia of the joints, it may be greatly changed from its natural ſtate; it may be purulent after inflammation,

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(*x*) Pare, Chirurgie, livre 15. chap. 18. et livre 16. chap. 5.

(*y*) Galen de uſu part. lib. 12. cap. 2.—Fabric. ab Aquapend. de articul. part. utilitat. pars 3.——Bartholin. hiſt. medic. cent. 3. hiſt. 11.

(*z*) Hildan. de ichore et melicer. acri Celſi.

(*a*) Hippocrat. de locis in homine, ſect. 14. et de articul.

(*b*) Hildan. de ichore et meliceria acri Celſi.

mation, mucous in the white ſwellings, gelatinous in the rheumatiſm, chalky from the gout, &c.: hence a great variety of diſorders in the joints (*c*).

(*c*) See Reimar, Diſſert. de fungo articulor.

CHAP. II.

Of the SKELETON.

THOUGH any dry ſubſtance may be called *ſkeleton*, yet, among anatomiſts, this word is univerſally underſtood to ſignify the bones of animals connected together, after the teguments, muſcles, bowels, glands, nerves, and veſſels, are taken away (*a*).

A ſkeleton is ſaid to be a *natural* one when the bones are kept together by their own ligaments; and it is called *artificial* when the bones are joined with wire, or any other ſubſtance which is not part of the creature to which they belonged. Small ſubjects, and ſuch whoſe bones are not fully oſſified, are commonly prepared the firſt way; becauſe, were all their parts divided, the niceſt artiſt could not rejoin them, by reaſon of their ſmallneſs, and of the ſeparation of their unoſſified parts; whereas the bones of large adult animals are ſooneſt and moſt conveniently cleaned when ſingle, and are eaſily reſtored to and kept in their natural ſituation.—Sometimes the ſkeleton of the ſame animal is prepared in both theſe ways; that is, the ſmaller bones are kept together by their natural ligaments, and the larger ones are connected by wires or ſome ſuch ſubſtances.

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(*a*) Cadaveris crates.

Before we proceed to the diviſion and particular deſcription of the ſkeleton, it is worth while to remark, that, when the bones are put into their natural ſituation, ſcarce any one of them is placed in a perpendicular bearing to another; though the fabric compoſed of them is ſo contrived, that, in an erect poſture, a perpendicular line, from their common centre of gravity, falls in the middle of their common baſe (*b*). On this account, we can ſupport ourſelves as firmly as if the axis of all the bones had been a ſtraight line perpendicular to the horizon; and we have much greater quickneſs, eaſe, and ſtrength, in ſeveral of the moſt neceſſary motions we perform. It is true, indeed, that wherever the bones, on which any part of our body is ſuſtained, decline from a ſtraight line, the force required in the muſcles to counteract the gravity of that part is greater than otherwiſe it needed to have been: But then this is effectually provided for in ſuch places, by the number and ſtrength of the muſcles. So long, therefore, as we remain in the ſame poſture, a conſiderable number of muſcles muſt be in a conſtant ſtate of contraction; which we know, both from reaſon and experience, muſt ſoon create an uneaſy ſenſation. This we call *being weary of one poſture:* An inconvenience that we ſhould not have had in ſtanding erect, if the bearing of all the bones to each other had been perpendicular; but it is more than compenſated by the advantages above-mentioned.

The human ſkeleton is generally divided into the HEAD, the TRUNK, the SUPERIOR and the INFERIOR EXTREMITIES.

SECT. I. OF THE HEAD.

BY the HEAD is meant all that ſpheroidal part which is placed above the firſt bone of the neck. It therefore comprehends the cranium and bones of the face.

§ 1. *The*

(*b*) Cowper, Anat. of human bodies, explic. of tab. 87, 88.

§ 1. *The* CRANIUM.

THE cranium (*c*), helmet, or brain-caſe, conſiſts of ſeveral pieces, which form a vaulted cavity, for lodging and defending the brain and cerebellum, with their membranes, veſſels, and nerves.

The cavity of the cranium is proportioned to its contents. Hence ſuch a variety of its ſize is obſerved in different ſubjects; and hence it is neither ſo broad nor ſo deep at its fore-part, in which the anterior lobes of the brain are lodged, as it is behind, where the large poſterior lobes of the brain, and the whole cerebellum, are contained.

The roundiſh figure of the ſkull, which makes it more capacious, and better able to defend its contents from external injuries, is chiefly owing to the equal preſſure of theſe contained parts as they grow and increaſe before it is entirely oſſified.——It is to be obſerved, however, that the ſides of the cranium are depreſſed below a ſpherical ſurface by the ſtrong temporal muſcles, whoſe action hinders here the uniform protruſion of the bones, which is more equally performed in other parts where no ſuch large muſcles are. In children, whoſe muſcles have not acted much, and conſequently have not had great effects on the bones, this depreſſion is not ſo remarkable; and therefore their heads are much rounder than in adults. Theſe natural cauſes, differently diſpoſed in different people, produce a great variety in the ſhapes of ſkulls, which is ſtill increaſed by the different management of the heads of children when very young: So that one may know a Turk's ſkull by its globular figure, a German's by its breadth and flatneſs of the occiput, Dutch and Engliſh by their oblong ſhapes, &c. (*d*). Two advantages are

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(*c*) Κογχος, κυτος, κωδεια, σκαφιον, calva, calvaria, cerebri galea, theca et olla capitis, teſta capitis, ſcutella capitis.

(*d*) Veſal. lib. I. c. 5.

are reaped from this flatneſs of the ſides of the cranium, viz. the enlargement of our ſphere of viſion, and more advantageous ſituation of our ears, for receiving a greater quantity of ſound, and for being leſs expoſed to injuries.

The external ſurface of the upper part of the cranium is very ſmooth and equal, being only covered with the perioſteum, (common to all the bones, but in the ſkull diſtinguiſhed by the name of *pericranium*), the thin frontal and occipital muſcles, their tendinous aponeuroſis, and with the common teguments of the body; while the external ſurface of its lower part has numerous riſings, depreſſions, and holes, which afford convenient origin and inſertion to the muſcles that are connected to it, and allow ſafe paſſage for the veſſels and nerves that run through and near it.

The internal ſurface of the upper part of the ſkull is commonly ſmooth, except where the veſſels of the dura mater have made furrows in it, while the bones were ſoft.——Surgeons ſhould be cautious when they trepan here, leſt, in ſawing or raiſing the bone where ſuch furrows are, they wound theſe veſſels.——In the upper part of the internal ſurface of ſeveral ſkulls, there are likewiſe pits of different magnitudes and figures, which ſeem to be formed by ſome parts of the brain being more luxuriant and prominent than others. Where theſe pits are, the ſkull is ſo much thinner than any where elſe, that it is often rendered diaphanous, the two tables being cloſely compacted without a diploë; the want of which is ſupplied by veſſels going from the dura mater into a great many ſmall holes obſervable in the pits. Theſe veſſels are larger, and much more conſpicuous than any others that are ſent from the dura mater to the ſkull; as evidently appears from the drops of blood they pour out, when the ſkull is raiſed from the dura mater in a recent ſubject; and therefore they may furniſh a ſufficient quantity of liquors neceſſary to prevent the brittleneſs of this thin part.——The knowledge of theſe pits ſhould teach ſurgeons to ſaw cautiouſly and ſlowly through the external table of the ſkull, when they are performing the operation of the trepan; ſince, in a patient whoſe cranium has theſe pits, the dura mater and brain may be injured, before the inſtrument has pierced near the ordinary thickneſs of a table of the ſkull.——The internal baſe of the ſkull is extremely unequal, for lodging the ſeveral parts and appendices of the brain and cerebellum, and allowing paſſage and defence to the veſſels and nerves that go into or come out from theſe parts.

The bones of the cranium are compoſed of two tables and intermediate cancelli, commonly called their *diploë* (*e*). The external table is thickeſt; the inner, from its thinneſs and conſequent brittleneſs, has got the name of *vitrea*. Whence we may ſee the reaſon of thoſe miſchievous conſequences which ſo often attend a collection of matter in the diploë, either from an external or internal cauſe, before any ſign of ſuch a collection appears in the teguments that cover the part of the ſkull where it is lodged (*f*).

The diploë has much the ſame texture and uſes in the ſkull, as the cancelli have in other bones.

The diploë of ſeveral old ſubjects is ſo obliterated, that ſcarce any veſtige of it can be ſeen; neither is it obſervable in ſome of the hard craggy bones at the baſe of the ſkull. Hence an uſeful caution to ſurgeons who truſt to the bleeding, want of reſiſtance, and change of ſound, as certain marks in the operation of the trepan, for knowing when their inſtrument has ſawed through the firſt table, and reached the diploë (*g*). In other people, the diploë becomes of a monſtrous thickneſs, while the tables of the ſkull are thinner than paper.

The cranium conſiſts of eight bones, ſix of which are ſaid to be proper, and the other two are reckoned com-

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(*e*) Meditullium, commiſſura.

(*f*) Boneti Sepulchret. anat. lib. 1. § 1. obſ. 96.—103.

(*g*) Bartholin. Anat. reform. lib. 4. cap. 4.

common to it and to the face.—The ſix proper are the *os frontis*, two *oſſa parietalia*, two *oſſa temporum*, and the *os occipitis*.——The common are the *os ethmoides* and *ſphenoides*.

The *os frontis* forms the whole fore-part of the vault; the two *oſſa parietalia* form the upper and middle part of it; the *oſſa temporum* compoſe the lower part of the ſides; the *os occipitis* makes the whole hinder part, and ſome of the baſe; the *os ethmoides* is placed in the fore-part of the baſe, and the *os ſphenoides* is in the middle of it.

THE SUTURES.

The above bones are joined to each other by five ſutures; the names of which are the *coronal*, *lambdoidal*, *ſaggital*, and two *ſquamous*.

The *coronal* (*h*) ſuture is extended over the head, from within an inch or ſo of the external canthus of one eye, to the like diſtance from the other; which being near the place where the ancients wore their vittæ, coronæ, or garlands, this ſuture has hence got its name.—Though the indentations of this ſuture are conſpicuous in its upper part, yet an inch or more of its end on each ſide has none of them; for it is ſquamous and ſmooth there.

The *lambdoidal* (*i*) ſuture begins ſome way below, and farther back than the vertex or crown of the head, whence its two legs are ſtretched obliquely downwards, and to each ſide in form of the Greek letter Δ, and are now generally ſaid to extend themſelves to the baſe of the ſkull: but formerly anatomiſts (*k*) reckoned the proper lambdoidal ſuture to terminate at the ſquamous ſutures; and what is extended at an angle down from that on each ſide, where the indentations are leſs conſpicuous than in the upper part of the ſuture, they called *additamentum ſuturæ lambdoidis* (*l*).

(*h*) Στεφαναια, Arcualis, puppis.

(*i*) Laudæ, proræ, hypſyloides.

(*k*) Veſal. Anat. lib. 1. cap. 6.

(*l*) Lambdoides harmonialis, lambdoides inferior, occipitis corona.

This ſuture is ſometimes very irregular, being made up of a great many ſmall ſutures, which ſurround ſo many little bones that are generally larger and more conſpicuous on the external ſurface of the ſkull than internally. Theſe bones are generally called *triquetra* or *Wormiana:* but ſome other name ought to be given them, for they are not always of a triangular figure; and older anatomiſts (*m*) than Olaus Wormius (*n*) have deſcribed them.—The ſpecific virtue which theſe bones were once thought to have in the cure of the epilepſy (*o*), is not now aſcribed to them; and anatomiſts generally agree, that their formation is owing to a greater number of points than ordinary of oſſification in the ſkull, or to the ordinary bones of the cranium not extending their oſſification far enough or ſoon enough; in which caſe, the unoſſified interſtice between ſuch bones begins a ſeparate oſſification in one or more points; from which the oſſification is extended to form as many diſtinct bones as there were points that are indented into the large ordinary bones, and into each other.——Probably thoſe children who have a large opening in this place at their birth, will have the largeſt oſſa triquetra.———To confirm this account of the formation of theſe little bones, we may remark, that ſuch bones are ſometimes ſeen in other ſutures, as well as in the lambdoidal (*p*); and they are ſometimes in one table of the ſkull, and not in the other (*q*).

The *ſagittal* ſuture (*r*) is placed longitudinally in the middle

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(*m*) Euſtach. Oſſium examen.——Bauhin. Theat. Anat. lib. 3. cap. 5.—— Paaw in Hippocrat. de vulner. cap. p. 56.

(*n*) Muſæum, lib. 3. c. 26.

(*o*) Bauhin, et Paaw ibid.——Bartholin. Anat. reform. lib. 4. cap. 5.——Hildan. Epiſtol. 65.

(*p*) See examples in Veſal. lib. 1. cap. 6. fig. 4.——Paaw in Hippocrat. de cap. vuln.—Bartholin. Hiſt. Anat. cent: 1. hiſt. 51.—Ruſch. Muſ. Anat.—Sue Trad. d'oſteolog. p. 47.

(*q*) Hunald. in Mem. de l'acad. des ſciences, 1730.

(*r*) 'Ραβδοειδης, οβελαια, επιζευγνυσα, Inſtar virgæ, nervalis, inſtar teli, inſtar veru, ſecundum capitis longitudinem prorepens, conjungens, columnalis, recta, acualis.

middle of the upper part of the ſkull, and commonly terminates at the middle of the coronal and of the lambdoidal ſutures; between which it is ſaid to be placed, as an arrow is between the ſtring and bow.—However, this ſuture is frequently continued through the middle of the os frontis, down to the root of the noſe; which, ſome (*s*) ſay, oftener happens in women than men; but others (*t*) allege, that is to be met with more frequently in male ſkulls than in female: Among the ſkulls which I have ſeen thus divided, the female are the moſt numerous.——Several (*u*) have delineated and deſcribed the ſagittal ſuture, ſometimes dividing the occipital bone as far down as the great hole through which the medulla ſpinalis paſſes. This I never ſaw.

In ſome old ſkulls that are in my poſſeſſion, there is ſcarce a veſtige of any of the three ſutures which I have now deſcribed. In other heads, one or two of the ſutures only diſappear; but I never could diſcover any reaſon for thinking them diſpoſed in ſuch different manners in ſkulls of different ſhapes, as ſome ancients allege they are (*x*).

The *ſquamous agglutinations*, or *falſe ſutures* (*y*), are one on each ſide, a little above the ear, of a ſemicircular figure, formed by the overlopping (like one ſcale upon another) of the upper part of the temporal bones on the lower part of the parietal, where, in both bones, there are a great many ſmall riſings and furrows, which are indented into each other; though theſe inequalities do not appear till the bones are ſeparated. In ſome ſkulls, indeed, the indentations here are as conſpicuous

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(*s*) Riolan. Comment. de oſſib. cap. 8.

(*t*) Veſal. lib. 1. cap. 6. et in epitome.

(*u*) Veſal. lib. 1. cap. 5. fig. 3, 4. et in text. cap. 6.——Paaw in Celſ. de re medic. cap. 1.—Laurent. Hiſt. Anat. lib. 2. cap. 16.

(*x*) Hippocrat. de vulner. capitis, § 1.——Galen de oſſib. et de uſu part. lib. 9. cap. 17.

(*y*) Λεπιδοειδη, προσκοληματα, κροταφιαι. Temporales, corticales, mendoſæ; harmonialis, commiſſuræ in unguem.

externally as in other ſutures (*z*); and what is commonly called the poſterior part of this ſquamous ſuture, always has the evident ſerrated form; and therefore is reckoned by ſome (*a*) a diſtinct ſuture, under the name of *additamentum poſterius ſuturæ ſquamoſæ*.——I have ſeen two ſquamous ſutures on the ſame temple, with a ſemicircular piece of bone between them (*b*).

We ought here to remark, that the true ſquamous ſort of ſuture is not confined to the conjunction of the temporal and parietal bones, but is made uſe of to join all the edges of the bones on which each temporal muſcle is placed (*c*): For the two parts of the ſphenoidal ſuture which are continued from the anterior end of the common ſquamous ſuture juſt now deſcribed, of which one runs perpendicularly downwards, and the other horizontally forwards, and alſo the lower part of the coronal ſuture already taken notice, may all be juſtly ſaid to pertain to the ſquamous ſuture.——The manner how I imagine this ſort of ſuture is formed at theſe places is, that, by the action of the ſtrong temporal muſcles on one ſide, and by the preſſure of the brain on the other, the bones are made ſo thin, that they have not large enough ſurfaces oppoſed to each other to ſtop the extenſion of their fibres in length, and thus to cauſe the common ſerrated appearance of ſutures explained in p. 47. but the narrow edge of the one bone ſlides over the other. The ſquamous form is alſo more convenient here; becauſe ſuch thin edges of bones, when accurately applied one to another, have ſcarce any rough ſurface, to obſtruct or hurt the muſcle in its contraction; which is ſtill further provided for, by the manner of laying theſe edges on each other; for, in viewing their

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(*z*) Columb. de re anat. lib. 1. cap. 4.—Dionis, Anat. 3. demonſtrat. des os.

(*a*) Albin. de oſſib. § 54.

(*b*) Sue Trad. d'oſteolog. p. 48.

(*c*) Veſal. Anat. lib. 1. cap. 6.—Winſlow, Mem. de l'acad. des ſciences, 1720.

their outſide, we ſee the temporal bones covering the ſphenoidal and parietal, and this laſt ſupporting the ſphenoidal, while both mount on the frontal: From which diſpoſition it is evident, that, while the temporal muſcle is contracting, which is the only time it preſſes ſtrongly in its motion on the bones, its fibres ſlide eaſily over the external edges. Another advantage ſtill in this is, that all this bony part is made ſtronger by the bones thus ſupporting each other.

The bones of the ſkull are joined to thoſe of the face, by ſchyndeleſis and ſutures.—The ſchyndeleſis is in the partition of the noſe.——The ſutures ſaid to be common to the cranium and face are five, viz. the ethmoidal, ſphenoidal, tranſverſe, and two zygomatic.——Parts, however, of theſe ſutures are at the junction of only the bones of the ſkull.

The *ethmoidal* and *ſphenoidal* ſutures ſurround the bones of theſe names; and in ſome places help to make up other ſutures, particularly the *ſquamous* and *tranſverſe;* and in other parts there is but one ſuture common to theſe two bones.

The *tranſverſe* ſuture is extended quite croſs the face, from the external canthus of one orbit to the ſame place of the other, by ſinking from the canthus down the outſide of the orbit to its bottom; then mounting upon its inſide, it is continued by the root of the noſe down the internal part of the other orbit, and riſes up again on its outſide to the other canthus. It may be here remarked, that there are ſome interruptions of this ſuture in the courſe I have deſcribed; for the bones are not contiguous every where, but are ſeparated, to leave holes and apertures, to be mentioned hereafter.

The *zygomatic* ſutures are one on each ſide, being ſhort and ſlanting from above obliquely downwards and backwards, to join a proceſs of the cheek-bone to one of the temporal bones, which advance towards the face; ſo that the two proceſſes thus united, form a ſort of bridge or jugum, under which the temporal muſcle paſſes; on which account the proceſſes, and future joining them, have been called *zygomatic*.

It muſt be obſerved, that the indentations of the futures do not appear on the inſide of the cranium by much ſo ſtrong as on the outſide; but the bones ſeem almoſt joined in a ſtraight line: Nay, in ſome ſkulls, the internal ſurface is found entire, while the ſutures are manifeſt without; which may poſſibly be owing to the leſs extent of the concave than of the convex ſurface of the cranium, whereby the fibres of the internal ſide would be ſtretched farther out at the edges of the bones than the exterior ones, if they were not reſiſted. The reſiſtances are; the fibres of the oppoſite bone, the parts within the ſkull, and the diploë: of which the laſt being the weakeſt, the moſt advanced fibres or ſerræ run into it, and leave the contiguous edges equal, and more ready to unite; whereas the ſerræ of the external table have ſpace enough for their admiſſion between the fibres of the oppoſite bone, and therefore remain of the indented form, and are leſs liable to the concretion whereby the ſutures are obliterated (*d*).——By this mechaniſm, there is no riſk of the ſharp points of the bones growing inwards, ſince the external ſerræ of each of the conjoined bones reſt upon the internal ſmooth-edged table of the other; and external forces applied to theſe parts are ſtrongly reſiſted, becauſe the ſutures cannot yield, unleſs the ſerrated edges of the one bone, and the plain internal plate of the other, are broken (*e*).

The advantages of the ſutures of the cranium are theſe: 1. That this capſula is more eaſily formed and extended into a ſpherical figure, than if it had been one continued bone. 2. That the bones which are at ſome diſtance from each other at birth, might then yield, and allow to the head a change of ſhape, accommodated

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(*d*) Hunald. Memoires de l'acad. des ſciences, 1730.

(*e*) Winſlow, Memoires de l'acad. des ſciences, 1720.

commodated to the paſſage it is engaged in. Whence, in hard labour of child-bed, the bones of the cranium, inſtead of being only brought into contact, are ſometimes made to mount one upon the other. 3. It is alleged, that, through the ſutures, there is a tranſpiration of ſteams from the brain, which was the old doctrine; or ſome communication of the veſſels without, and of thoſe within the ſkull, larger here than in any other part of the cranium, according to ſome moderns; and therefore cucuphæ, fomentations, cataplaſms, cephalic plaſters, bliſters, are applied, and iſſues are eroded or cut in the head, at thoſe places where the ſutures are longeſt in forming, and where the connection of the bones is afterwards looſeſt, for the cure of a phrenitis, mania, inveterate headach, epilepſy, apoplexy, and other diſeaſes of the head. The favourers of the doctrine of tranſpiration, or communication of veſſels at the ſutures, endeavour to ſupport it by obſervations of perſons ſubject to headachs which cauſed death, from the ſutures being too cloſely united (*f*). 4. That the dura mater may be more firmly ſuſpended by its proceſſes, which inſinuate themſelves into this conjunction of the bones: for doing this equally, and where the greateſt neceſſity of adheſion is, the ſutures are diſpoſed at nearly equal diſtances; and the large reſervoirs of blood, the ſinuſes, are under or near them. 5. That fractures might be prevented from reaching ſo far as they would in a continued bony ſubſtance. 6. That the connection at the ſutures being capable of yielding, the bones might be allowed to ſeparate; which has given great relief to patients from the violent ſymptoms which they had before this ſeparation happened (*g*). And it ſeems reaſonable to believe, that the opening of the ſutures was of great benefit to ſeveral others who were rather judged to have been hurt

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(*f*) Columb. de re anat. lib. 1. cap. 5.—— Verduc. Nouvelle Oſteologie, chap. 14——Dionis, Anat. 3. demonſtr des os.

(*g*) Ephemerid. Germanic. dec. 1. ann. 4. et 5. obſerv. 33.

hurt by it (*h*): for we muſt think, that the conſequences of ſuch a force acting upon the brain, as was capable of thruſting the bones aſunder, muſt have been fatal, unleſs it had been thus yielded to.

Having gone through the general ſtructure of the cranium, I now proceed to examine each bone of which that brain-caſe conſiſts, in the order in which I firſt named them.

OS FRONTIS.

THE os frontis (*i*) has its name from its being the only bone of that part of the face we call the *forehead*, though it reaches a good deal farther. It has ſome reſemblance in ſhape to the ſhell of the concha bivalvis, commonly called the *cockle;* for the greateſt part of it is convex externally, and concave internally, with a ſerrated circular edge; while the ſmaller part has proceſſes and depreſſions, which make it of an irregular figure.

The external ſurface of the os frontis is ſmooth at its upper convex part; but ſeveral proceſſes and cavities are obſervable below: for at each angle of each orbit, the bone juts out to form four proceſſes, two internal, and as many external; which, from this ſituation, may well enough be named *angular*. Between the internal and external angular proceſſes on each ſide, an arched ridge is extended, on which the eye-brows are placed. ——Very little above the internal end of each of theſe ſuperciliary ridges a protuberance may be remarked, in moſt ſkulls, where there are large cavities, called *ſinuſes*, within the bone; of which hereafter.—Betwixt the internal angular proceſſes a ſmall proceſs riſes, which forms ſome

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(*h*) Ephemerid. Germ. dec. 2. ann. 9. obſ. 230. Ibid. cent. 10. obſ. 31.—Vander Linden Medicin.-phyſ. cap. 8. art. 4. § 16.——Hildan. Obſerv. cent. 1. obſ. 1. cent. 2. obſ. 7.—Bauhin. Theat. Anat. lib. 3. cap. 6.—Pechlin, Obſerv. lib. 2. obſ. 39.

(*i*) Μετωπȣ, Βρεγμα, Coronale, inverecundum, puppis, ſenſus communis, ſincipitis.

ſome ſhare of the noſe, and thence is named *naſal.*——Some obſerve a protuberant part on the edge of the bone behind each external angular proceſs, which they call *temporal* proceſſes; but theſe are inconſiderable.——From the under part of the ſuperciliary ridges, the frontal bone runs a great way backwards; which parts may juſtly enough be called *orbitar* proceſſes. Theſe, contrary to the reſt of this bone, are concave externally, for receiving the globes of the eyes, with their muſcles, fat, &c.

In each of the orbitar proceſſes, behind the middle of the ſuperciliary ridges, a conſiderable ſinuoſity is obſerved, where the glandula innominata Galeni or lachrymalis is lodged.——Behind each internal angular proceſs, a ſmall pit may be remarked, where the cartilaginous pully of the muſculus obliquus major of the eye is fixed.—Betwixt the two orbitar proceſſes, there is a large diſcontinuation of the bone, into which the cribriform part of the os ethmoides is incaſed.——The frontal bone frequently has little caverns formed in it here where it is joined to the ethmoid bone.——Behind each external angular proceſs, the ſurface of the frontal bone is conſiderably depreſſed where part of the temporal muſcle is placed.

The *foramina*, or holes, obſervable on the external ſurface of the frontal bone, are three in each ſide.——One in each ſuperciliary ridge, a little removed from its middle towards the noſe; through which a twig of the ophthalmic branch of the fifth pair of nerves paſſes out of the orbit, with a ſmall artery from the internal carotid, to be diſtributed to the teguments aud muſcles of the forehead.——Theſe veſſels, in ſome ſkulls, make furrows in the os frontis, eſpecially in the bones of children, as has alſo been obſerved of another conſiderable veſſel of this bone near its middle (*k*); and therefore we ought to beware of tranſverſe inciſions on either ſide of the os frontis, which might either open theſe

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(*k*) Ruyſch. Muſ. Anat. theca D. repoſit. 4. No. 3.

theſe veſſels, or hurt the nerves, while they are yet in part within the bone: for when veſſels are thus wounded, it is difficult to ſtop the hæmorrhagy, becauſe the adheſion of a part of the artery to the bone hinders its contraction, and conſequently ſtyptics can have little effect; the ſides of the furrow keep off compreſſing ſubſtances from the artery; and we would wiſh to ſhun cauteries or eſcharotics, becauſe they make the bone carious; and nerves, when thus hurt, ſometimes produce violent ſymptoms.——But to return to the ſuperciliary foramina, we muſt remark, that often, inſtead of a hole, a notch only is to be ſeen: nay, in ſome ſkulls, ſcarce a veſtige even of this is left; in others, both hole and notch are obſervable, when the nerve and artery run ſeparately. Frequently a hole is found on one ſide, and a notch on the other; at other times we ſee two holes, or there is a common hole without, and two diſtinct entries internally. The reaſon of this variety of a hole, notch, depreſſion, or ſmoothneſs, in the ſuperciliary ridge, is the different length and tenſion of the nerves and veſſels; the ſhorter they are, the more they are ſunk into the bone as it grows.—Near the middle of the inſide of each orbit, hard by or in the tranſverſe ſuture, there is a ſmall hole for the paſſage of the naſal twig of the firſt branch of the fifth pair of nerves, and of a branch of the opthalmic artery. This hole is ſometimes entirely formed in the os frontis; in other ſkulls, the ſides of it are compoſed of this laſt bone and of the os planum. It is commonly known by the name of *orbitarium internum*, though *anterius* ſhould be added, becauſe of the next, which is commonly omitted.——This, which may be called *orbitarium internum poſterius*, is ſuch another as the former; only ſmaller, and about an inch deeper in the orbit: Through it a ſmall branch of the ocular artery paſſes to the noſe. —Beſides theſe ſix, there are a great number of ſmall holes obſervable on the outer ſurface of this bone, particularly in the two protuberances above the eye-brows.

Moſt of theſe penetrate no further than the ſinuſes, or than the diploë if the ſinuſes are wanting; though ſometimes I have ſeen this bone ſo perforated by a vaſt number of theſe ſmall holes, that, placed between the eye and a clear light, it appeared like a ſieve.—In the orbit of the generality of ſkeletons, we may obſerve one, two, or more holes, which allow a paſſage to a hog's briſtle through the ſkull. The place, ſize, and number of theſe, are however uncertain: they generally ſerve for the tranſmiſſion of ſmall arteries or nerves.

The internal ſurface of the os frontis is concave, except at the orbitar proceſſes, which are convex, to ſupport the anterior lobes of the brain. This ſurface is not ſo ſmooth as the external; for the larger branches of the arteries of the dura mater make ſome furrows in its ſides and back parts. The ſinuoſities from the luxuriant riſings of the brain, mentioned when deſcribing the general ſtructure of the cranium, are often very obſervable on its upper part; and its lower and foreparts are marked with the contortions of the anterior lobes of the brain.——Through the middle of this internal ſurface, where always in children, and ſometimes in old people, the bone is divided, either a ridge ſtands out, to which the upper edge of the falx is faſtened, or a furrow runs, in which the upper ſide of the ſuperior longitudinal ſinus is lodged; on both theſe accounts, chirurgical authors juſtly forbid the application of the trepan here.—The reaſon of this difference in ſkulls is alleged by ſome authors to be this, That in thin ſkulls the ridge ſtrengthens the bones, and in thick ones there is no occaſion for it. To this way of accounting for this phenomenon, it may juſtly be objected, that, generally, very thick ſkulls have a large ſpine here, and frequently thin ones have only a furrow. Perhaps this variety may be owing to the different times of complete oſſification of thoſe parts in different ſubjects: for if the two ſides of this bone meet before they arrive at their utmoſt extent of growth, they unite very firmly, and all their fibres endeavour to ſtretch themſelves out where the leaſt reſiſtance is, that is, between the hemiſpheres of the brain. To ſupport this reaſoning, we may remark, that thoſe adults whoſe frontal bone is divided by the ſagittal ſuture, never have a ridge in this place.

Immediately at the root of this ridge or furrow, there is a ſmall hole, which ſometimes pierces through the firſt table, and, in other ſculls, opens into the ſuperior ſinus of the ethmoid bone within the noſe. In it a little proceſs of the falx is lodged, and a ſmall artery, and ſometimes a vein, runs (*l*); and the ſuperior longitudinal ſinus begins here.——This hole, however, is often not entirely proper to the os frontis: for, in ſeveral ſkulls, the lower part is formed in the upper part of the baſe of the criſta galli, which is a proceſs of the ethmoid bone (*m*).

The os frontis is compoſed of two tables, and an intermediate diploë, as the other bones of the cranium are, and in a middle degree of thickneſs between the os occipitis and the parietal bones; and is pretty equally denſe all through, except at the orbitar proceſſes, where, by the action of the eye on one ſide, and preſſure of the lobes of the brain on the other, it is made extremely thin and diaphanous, and the meditullium is entirely obliterated. Since in this place there is ſo weak a defence for the brain, the reaſon appears why fencers eſteem a puſh in the eye mortal (*n*).

The diploë is alſo exhauſted in that part above the eye-brows, where the two tables of the bone ſeparate, by the external being protruded outwards, to form two large cavities, called *ſinus frontales*.——Theſe are divided

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(*l*) Morgagn. Adverſar. 6. animad. 31.

(*m*) Ingraſſ. Comment. in Galen. de oſſib. cap. 1. comment. 8.

(*n*) Ruyſch. Obſerv. Anat.-chir. obſerv. 54——Diemerbroeck. Anat. lib. 3. cap. 10.——Bonet. Sepulch. Anat. lib. 4. § 3. obſerv. 17.

vided by a middle perpendicular bony partition.——— Their capacities in the ſame ſubject are ſeldom equal; in ſome the right, in others the left is largeſt.——And in different bones their ſize is as inconſtant: nay, I have examined ſome where they were entirely wanting; which oftener happens in ſuch as have a flat forehead, and whoſe ſagittal ſuture is continued down to the noſe, than in others (*o*).——In ſome ſkulls, beſides the large perpendicular *ſeptum*, there are ſeveral bony pillars, or ſhort partitions, found in each ſinus: in others theſe are wanting.———For the moſt part the *ſeptum* is entire; at other times it is diſcontinued, and the two *ſinuſes* communicate.——When the ſinuſes are ſeen in ſuch ſkulls as have the frontal bone divided by the ſagittal ſuture, the partition dividing theſe cavities is evidently compoſed of two plates, which eaſily ſeparate.—Each ſinus commonly opens by a roundiſh ſmall hole, at the inner and lower part of the internal angular proceſſes, into a ſinus formed in the noſe, at the upper and back part of the os unguis; near to which there are alſo ſome other ſmall ſinuſes of this bone (*p*), the greater part of which open ſeparately near the ſeptum narium, and often they terminate in the ſame common canal with the large ones.

In a natural and ſound ſtate, theſe cavities are of conſiderable advantage; for the organ of ſmelling being thus enlarged, the effluvia of odorous bodies more difficultly eſcape it; and their impreſſions being more numerous, are therefore ſtronger, and affect the organ more. That odorous particles may be applied to the membrane of the ſinuſes, is evident from the pain felt in this part of the fore-head, when the effluvia of volatile ſpirits, or of ſtrong aromatics, are drawn up into the noſe by a quick inſpiration.——Theſe, and the other cavities which open into the noſe, increaſe the ſound of our voice, and render it more melodious, by ſerving as ſo

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(*o*) Fallop. Expoſit. de oſſib. cap. 13.

(*p*) Cowper in Drake's Anthropolog. book 3. chap. 10.

ſo many vaults to reſound the notes. Hence people labouring under a coryza, or ſtoppage of the noſe, from any other cauſe, when they are by the vulgar, though falſely, ſaid to ſpeak through their noſe, have ſuch a diſagreeable harſh voice.——The liquor ſeparated in the membrane of theſe ſinuſes drills down upon the membrane of the noſe to keep it moiſt.

From the deſcription of theſe ſinuſes, it is evident, how uſeleſs, nay, how pernicious, it muſt be to apply a trepan on this part of the ſkull: for this inſtrument, inſtead of piercing into the cavity of the cranium, would reach no further than the ſinuſes; or, if the inner table was perforated, any extravaſated blood that happened to be within the ſkull, would not be diſcharged outwardly, but would fall into the ſinuſes, there to ſtagnate, corrupt, and ſtimulate the ſenſible membranes; from which alſo there would be ſuch a conſtant flow of glairy mucus, as would retard, if not hinder a cure, and would make the ſore degenerate into an incurable fiſtula. Beſides, as it would be almoſt impoſſible in this caſe to prevent the air, paſſing through the noſe, from having conſtant acceſs to the dura mater or brain; ſuch a corruption would be brought on theſe parts as would be attended with great danger. Further, in reſpiration, the air ruſhing violently into theſe cavities of the os frontis, and paſſing through the external orifice, whenever it was not well covered and defended, would not only prevent the cloſing up of the external orifice, but might otherwiſe bring on bad conſequences (*q*)—The membrane lining theſe ſinuſes is ſo ſenſible, that inflammations of it muſt create violent torture (*r*); and worms, or other inſects crawling there, muſt give great uneaſineſs (*s*)

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(*q*) Paaw de oſſibus, pars 1. cap. 7.——Palfyne Anatom.-chir. traité 4. chap. 15. Nouvelle Oſteologie, partie 2. chap. 3.

(*r*) Fernel. Patholog. lib. 5. cap. 7.——Saltzman Decur. obſerv. 10.

(*s*) Fernel. Patholog. lib. 5. cap. 7.——Bartholin. Epiſtol. Medic. cent. 2. epiſt. 74.—Hiſt. de l'acad. des ſciences, 1708 & 1733.

The upper circular part of the os frontis is joined to the oſſa parietalia, from one temple to the other, by the coronal ſuture. From the termination of the coronal ſuture to the external angular proceſſes, this bone is connected to the ſphenoid by the ſphenoidal ſuture. At the external canthi of the eyes, its angular proceſſes are joined by the tranſverſe ſuture to the oſſa malarum, to which it adheres one-third down the outſide of the orbits; whence to the bottom of theſe cavities, and a little up on their internal ſides, theſe orbitar proceſſes are connected to the ſphenoidal bone by that ſame ſuture.——In ſome few ſkulls, however, a diſcontinuation of theſe two bones appears at the upper part of the long ſlit, near the bottom of the orbit.—On the inſide of each orbit, the orbitar proceſs is indented between the cribriform part of the ethmoid bone, and the os planum and unguis.—The tranſverſe ſuture afterwards joins the frontal bone to the ſuperior naſal proceſſes of the oſſa maxillaria ſuperiora, and to the naſal bones. And, laſtly, its naſal proceſs is connected to the naſal lamella of the ethmoid bone.

The frontal bone ſerves to defend and ſupport the anterior lobes of the brain. It forms a conſiderable part of the cavities that contain the globes of the eyes, helps to make up the ſeptum narium, organ of ſmelling, &c. From the deſcription of the ſeveral parts, the other uſes of this bone are evident.

In a ripe child, the frontal bone is divided through the middle; the ſuperciliary holes are not formed; often a ſmall round piece of each orbitar proceſs, behind the ſuperciliary ridge, is not oſſified; and there is no ſinus to be ſeen within its ſubſtance.

OSSA PARIETALIA.

Each of the two Oſſa Parietalia (*t*), or bones ſerving as walls to the encephalon, is an irregular

ſquare;

(*t*) Κορυφης, Paria ſyncipitis, verticis, arcualia, nervalia, cogitationis, rationis, bregmatis, madefactionis.

ſquare; its upper and fore ſides being longer than the one behind or below. The inferior ſide is a concave arch; the middle part receiving the upper round part of the temporal bone.——The angle formed by this upper ſide and the fore one, is ſo extended, as to have the appearance of a proceſs.

The external ſurface of each os parietale is convex. Upon it, ſomewhat below the middle height of the bone, there is a tranſverſe arched ridge, of a whiter colour generally than any other part of the bone; from which, in bones that have ſtrong prints of muſcles, we ſee a great many converging furrows, like ſo many radii drawn from a circumference towards a centre. From this ridge of each bone the temporal muſcle riſes: and, by the preſſure of its fibres, occaſions the furrows juſt now mentioned.—Below theſe we obſerve, near the ſemicircular edges, a great many riſings and depreſſions, which are joined to like inequalities on the inſide of the temporal bone, to form the ſquamous ſuture. The temporal bone may therefore ſerve here as a buttreſs, to prevent the lower ſide of the parietal from ſtarting outwards when its upper part is preſſed or ſtruck (*u*).

Near the upper ſides of theſe bones, towards the hind part, is a ſmall hole in each, through which a vein paſſes from the teguments of the head to the longitudinal ſinus. Sometimes I have ſeen a branch of the temporal artery paſs through this hole, to be diſtributed to the upper part of the falx, and to the dura mater at its ſides, where it had frequent anaſtomoſes with the branches of the arteries derived from the external carotids, which commonly have the name of the arteries of the dura mater, and with the branches of the internal carotids which ſerve the falx.—In ſeveral ſkulls, one of the oſſa parietalia has not this hole: In others, there are two in one bone; and in ſome, not one in either. Moſt frequently this hole is through both tables; at other times the external table only is perforated.—

The

(*u*) Hunauld. in Mem. de l'acad. des ſciences, 1730.

The knowledge of the courſe of theſe veſſels may be of uſe to ſurgeons when they make any inciſion near this part of the head; leſt, if the veſſels are raſhly cut near the hole, they ſhrink within the ſubſtance of the bone, and ſo cauſe an obſtinate hæmorrhagy, which neither ligatures nor medicines can ſtop.

On the inner concave ſurface of the parietal bones, we ſee a great many deep furrows, diſpoſed ſomewhat like the branches of trees: the furrows are largeſt and deepeſt at the lower edge of each os parietale, eſpecially near its anterior angle, where ſometimes a full canal is formed. They afterwards divide into ſmall furrows, in their progreſs upwards.——In ſome ſkulls a large furrow begins at the hole near the upper edge, and divides into branches, which join with thoſe which come upwards; ſhowing the communications of the upper and lower veſſels of the dura mater.——In theſe furrows we frequently ſee paſſages into the diploë; and ſometimes I have obſerved canals going off, which allowed a ſmall probe to paſs ſome inches into the bony ſubſtance. Some (*x*) tell us, that they have obſerved theſe canals piercing the bone towards the occiput.—On the inſide of the upper edge of the oſſa parietalia, there is a large ſinuoſity, frequently larger in the bone of one ſide than of the other, where the upper part of the falx is faſtened, and the ſuperior longitudinal ſinus is lodged.—Generally part of the lateral ſinuſes makes a depreſſion near the angle, formed by the lower and poſterior ſides of theſe bones; and the pits made by the prominent parts of the brain are to be ſeen in no part of the ſkull more frequent, or more conſiderable, than in the internal ſurface of the parietal bones.

The oſſa parietalia are amongſt the thinneſt bones of the cranium; but enjoy the general ſtructure of two tables and diploë the completeſt, and are the moſt equal and ſmooth.

Theſe bones are *joined* at their fore-ſide to the os frontis

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(*x*) Cowper. Anatom. explic. of tab. 90. fig 2.

frontis by the coronal ſuture; at their long inferior angles, to the ſphenoid bone, by part of of the ſuture of this name; at their lower edge, to the oſſa temporum, by the ſquamous ſuture, and its poſterior additamentum; behind, to the os occipitis, or oſſa triquetra, by the lambdoid ſuture; and above, to one another, by the ſagittal ſuture.

They have no particular *uſes* beſides thoſe mentioned in the deſcription of their ſeveral parts, except what are included in the account of the general ſtructure of the cranium.

In a child born at the full time, none of the ſides of this bone are completed; and there never is a hole in the oſſified part of it near to the ſagittal ſuture.

The large unoſſified ligamentous part of the cranium obſervable between the parietal bones and the middle of the divided os frontis of new-born children, called by the vulgar the *open of the head*, was imagined by the ancients to ſerve for the evacuation of the ſuperfluous moiſture of the brain: and therefore they named it *bregma* (*y*), or the fountain; ſometimes adding the epithet *pulſatilis*, or beating, on account of the pulſation of the brain felt through this flexible ligamento-cartilaginous ſubſtance. Hence very frequently the parietal bones are called *oſſa bregmatis*.

The upper middle part of the head of a child, in a natural birth, being what preſents itſelf firſt at the os uteri (*z*), an accoucheur may reach the bregma with his finger, when the os uteri is a little opened. If the bregma is ſtretched, and the pulſation of the brain is felt through it, the child is certainly alive: but if it is ſhrivelled and flaccid, without any obſervable pulſation in it, there is ſome reaſon to ſuſpect the child to be very weak, or dead. Thoſe who practiſe midwifery ſhould therefore examine the ſtate of the bregma accurately.

(*y*) Palpitans vertex, foliolum, folium, triangularis lacuna.

(*z*) Burton's Midwifery, § 51.——Smellie's Midwifery, book 1. chap. 1. § 5.

All the bregma is generally oſſified before ſeven years of age. Several authors (*a*) ſay, they have obſerved it unoſſified in adults; and phyſicians, who order the application of medicines at the meeting of the coronal and ſagittal ſutures, ſeem yet to think that a derivation of noxious humours from the encephalon is more eaſily procured at this part than any other of the ſkull, and that medicines have a greater effect here than elſewhere in the internal diſorders of the head.

OSSA TEMPORUM.

OSSA TEMPORUM (*b*), ſo named, ſay authors, from the hair's firſt becoming gray on the temples, and thus diſcovering peoples ages, are each of them equal and ſmooth above, with a very thin ſemicircular edge; which, from the manner of its connection with the neighbouring bones, is diſtinguiſhed by the name of *os ſquamoſum*——Behind this, the upper part of the temporal bone is thicker, and more unequal; and is ſometimes deſcribed as a diſtinct part, under the name of *pars mamillaris* (*c*).——Towards the baſe of the ſkull, the temporal bone appears very irregular and unequal; and this part, inſtead of being broad, and placed perpendicularly, as the others are, is contracted into an oblong very hard ſubſtance, extended horizontally forwards and inwards, which in its progreſs becomes ſmaller, and is commonly called *os petroſum*.

Three external proceſſes of each temporal bone are generally deſcribed.—The firſt, placed at the lower and hind part of the bone, from its reſemblance to a nipple, is called *maſtoides*, or *mamillaris*. It is not ſolid; but within is compoſed of cancelli, or ſmall cells, which have a communication with the large cavity of the ear,

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(*a*) Bartholin. Anat. reform. lib. 4. cap. 6.——Diemerbroek, Anat. lib. 9. cap. 6.—— Kerkring. Oſteogen cap. 2.

(*b*) Κορταφων, κορσων, κορρων, λεπιδοειδη, πολυειδη, λιθοειδη, Temporalia, lapidoſa, mendoſa, dura, arcualia, tympanum, armalia, ſaxea, parietalia.

(*c*) Albin. de oſſib. ſect. 26.

the drum; and therefore ſounds, being multiplied in this vaulted labyrinth, are increaſed before they are applied to the immediate organ of hearing. Into the maſtoid proceſs the ſtenomaſtoideus muſcle is inſerted; and to its back part, where the ſurface is rough, the trachelomaſtoideus and part of the ſplenius are fixed.—About an inch farther forward, the ſecond proceſs begins to riſe out from the bone; and having its origin continued obliquely downwards and forwards for ſome way, it becomes ſmaller, and is ſtretched forwards to join with the os malæ; they together forming the bony jugum, under which the temporal muſcle paſſes. Hence this proceſs has been named *zygomatic* (*d*). Its upper edge has the ſtrong aponeuroſis of the temporal muſcle fixed into it; and its lower part gives riſe to a ſhare of the maſſeter.——The fore-part of the baſe of this proceſs is an oblong tubercle, which, in a recent ſubject, is covered with a ſmooth poliſhed cartilage, continued from that which lines the cavity immediately behind this tubercle.——From the under craggy part of the os temporum, the third proceſs ſtands out obliquely forwards. The ſhape of it is generally ſaid to reſemble the ancient *ſtylos ſcriptorius*; and therefore it is called the *ſtyloid* proceſs (*e*). Some authors (*f*) however contend, that it ought to be named *ſteloid*, from its being more like to a pillar. Several muſcles have their origin from this proceſs, and borrow one half of their name from it; as *ſtylo-gloſſus*, *ſtylo-hyoideus*, *ſtylo-pharyngeus*; to it a ligament of the os hyoideus is ſometimes fixed; and another is extended from it to the inſide of the angle of the lower jaw. This proceſs is often, even in adults, not entirely oſſified, but is ligamentous at its root, and ſometimes is compoſed of two or three diſtinct pieces.——Round the root of it, eſpecially at the fore-

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(*d*) Καγκρος, Paris, anſæ oſſium temporum, oſſa arcualia, paria, jugalia, conjugalia.

(*e*) Γραφοειδη, βελονοειδη, πληκτρον, Os calaminum, ſagittale, clavale, acuale, calcar capitis.

(*f*) Galen, De uſu part. lib. 2. cap. 4.—Fallop. Obſerv. anatom.

fore-part, there is a remarkable riſing of the os petroſum, which ſome have eſteemed a proceſs; and, from the appearance it makes with the ſtyliform, have named it vaginalis.—Others again have, under the name of *auditory* proceſs, reckoned among the external proceſſes that ſemicircula rridge, which, running between the root of the maſtoid and zygomatic proceſſes, forms the under part of the external *meatus auditorius*.

The *ſinuoſities* or depreſſions on the external ſurface of each os temporum are theſe:——A long foſſa at the inner and back part of the root of the mammary proceſs, where the poſterior head of the digaſtric muſcle has its origin.——Immediately before the root of the zygomatic proceſs, a conſiderable hollow is left for lodging the crotaphite muſcle.——Between the zygomatic, auditory, and vaginal proceſſes, a large cavity is formed; through the middle of which, from top to bottom, a fiſſure is obſervable, into which part of the ligament that ſecures the articulation of the lower jaw with this bone is fixed. The fore-part of the cavity being lined with the ſame cartilage which covers the tubercle before it, receives the condyle of the jaw; and in the back-part a ſmall ſhare of the parotid gland, and a cellular fatty ſubſtance, are lodged.—At the inſide of the root of the ſtyloid apophyſe, there is a thimble-like cavity, where the beginning of the internal jugular vein, or end of the lateral ſinus, is lodged.—And as the ſinuſes of the two ſides are frequently of unequal ſize, ſo one of theſe cavities is as often larger than the other (*g*).——Round the external meatus auditorius, ſeveral ſinuoſities are formed for receiving the cartilages and ligaments of the ear, and for their firm adheſion.

The *holes* that commonly appear on the outſide of each of theſe bones, and are proper to each of them, are five.——The firſt, ſituated between the zygomatic and maſtoid proceſſes, is the orifice of a large funnel-

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(*g*) Hunauld. in Mem. de l'acad. des ſciences, 1730.

like canal, which leads to the organ of hearing; therefore is called *meatus auditorius externus* (*h*).——The ſecond gives paſſage to the portio dura of the ſeventh pair of nerves; and from its ſituation between the maſtoid and ſtyloid proceſſes, is called *foramen ſtylo-maſtoideum* (*i*).—Some way before, and to the inſide of the ſtyloid proceſs, is the third hole; the canal from which runs firſt upwards, then forwards, and receives into it the internal carotid artery, and the beginning of the intercoſtal nerve; where this canal is about to make the turn forwards, one, or ſometimes two, very ſmall holes go off towards the cavity of the ear, called *tympanum*: Through theſe Valſalva (*k*) affirms the proper artery or arteries of that cavity are ſent.—On the anterior edge of this bone, near the former, a fourth hole is obſervable, being the orifice of a canal which runs outwards and backwards, in a horizontal direction, till it terminates in the tympanum. This, in the recent ſubject, is continued forward and inward, from the parts which I mentioned juſt now as its orifice in the ſkeleton, to the ſide of the noſtrils; being partly cartilaginous, and partly ligamentous. The whole canal is named *Iter a palato ad aurem*, or *Euſtachian tube*.—On the external ſide of the bony part of this canal, and a-top of the chink, in the cavity that receives the condyle of the lower jaw, is the courſe of the little nerve ſaid commonly to be reflected from the lingual branch of the fifth pair, till it enters the tympanum, to run acroſs this cavity, and to have the name of *chorda tympani*.——The fifth hole is very uncertain, appearing ſometimes behind the maſtoid proceſs; ſometimes it is common to the temporal and occipital bones; and in ſeveral ſkulls there is no ſuch hole. The uſe of it, when found, is for the tranſmiſſion of a vein from the external teguments to the lateral ſinus: But, in ſome ſub-

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(*h*) *Πορος της ακοης, οπη των ωτων*, feneſtra aurium.

(*i*) Aquæductus Fallopii.

(*k*) De aure humana, cap. 2. § 22. et tab. 7. fig. 1.

ſubjects, a branch of the occipital artery paſſes thro' this hole, to ſerve the back-part of the dura mater; in others, I have ſeen two or three ſuch holes: but they are oftener wanting than found. And we may, once for all, in general remark, that the largeneſs, number, ſituation, and exiſtence of all ſuch holes as for the moſt part allow only a paſſage for veins from without to the internal receptacles, are very uncertain.

The internal ſurface of the oſſa temporum is unequal; the upper circular edge of the ſquamous part having numerous ſmall ridges and furrows for its conjunction with the parietal bones; and the reſt of it is irregularly marked with the convolutions of the middle part of the brain, and with furrows made by the branches of the arteries of the dura mater.

From the under part of this internal ſurface, a larger tranſverſe hard craggy protuberance runs horizontally inwards and forwards, with a ſharp edge above, and two flat ſides, one facing obliquely forwards and outwards, and the other as much backwards and inwards. To the ridge between theſe two ſides, the large lateral proceſs of the dura mater is fixed.

Sometimes a ſmall bone, akin to the ſeſamoid, is found between the ſmall end of this petrous proceſs and the ſphenoid bone (*l*).

Towards the back-part of the inſide of the os temporum, a large deep foſſa is conſpicuous, where the lateral ſinus lies; and frequently on the top of the petrous ridge, a furrow may be obſerved, where a ſmall ſinus is ſituated.

The internal proper *foramina* of each of theſe bones are, firſt, the internal meatus auditorius in the poſterior plain ſide of the petrous proceſs. This hole ſoon divides into two; one of which is the beginning of the aqueduct of Fallopius; the other ends in ſeveral very ſmall

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(*l*) Riolan. Comment. de oſſib cap. 32.——Winſlow, Expoſition anatomique de corps humain. trait. des os ſecs, § 266.

ſmall canals (*m*) that allow a paſſage to the branches of the portio mollis of the ſeventh pair of nerves, into the veſtibule and cochlea. Through it alſo an artery is ſent, to be diſtributed to the organ of hearing.—The ſecond hole, which is on the anterior plain ſide of the craggy proceſs, gives paſſage to a reflected branch of the ſecond branch of the fifth pair of nerves, which joins the portio dura of the auditory nerve, while it is in the aqueduct (*n*), ſmall branches of blood-veſſels accompanying the nerves, or paſſing through ſmaller holes near this one.—The paſſage of the cutaneous vein into the lateral ſinus, or of a branch of the occipital artery, is ſeen about the middle of the large foſſa for that ſinus; and the orifice of the canal of the carotid artery is evident at the under part of the point of the petrous proceſs.

Beſides theſe proper holes of the temporal bones which appear on their external and internal ſurfaces, there are two others in each ſide that are common to this bone, and to the occipital and ſphenoidal bones; which ſhall be mentioned afterwards in the deſcription of theſe bones.

The upper round part of the ſquamous bones is thin, but equal; while the low petrous part is thick and ſtrong, but irregular and unequal, having the diſtinction of tables and diploë confounded, with ſeveral cavities, proceſſes, and bones within its ſubſtance, which are parts of the organ of hearing. That a clear idea may be had of this beautiful, but intricate organ, anatomiſts generally chooſe to demonſtrate all its parts together. I think the method good; and therefore, ſince it would be improper to inſert a complete treatiſe on the ear here, ſhall omit the deſcription of the parts contained within the os petroſum of the ſkeleton.

The temporal bones are *joined* above to the parietal bones by the ſquamous ſutures and their poſterior

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(*m*) Valſalva de aure humana, cap. 3. § 11.
(*n*) Ibid. cap. 3. § 10.

ſterior additamenta: Before, to the ſphenoid bone, by the ſuture of that name; to the cheek-bones, by the zygomatic ſutures: Behind, to the occipital bone, by the lambdoid ſuture and its additaments; and they are articulated with the lower jaw in the manner which ſhall be deſcribed when this bone is examined.

The *purpoſes* which theſe two bones ſerve, are eaſily collected, from the general uſe of the cranium, and from what has been ſaid in the deſcription of their ſeveral parts.

In an infant, a ſmall fiſſure is to be obſerved between the thin upper part and the lower craggy part of each of theſe bones; which points out the recent union of theſe parts.——Neither maſtoid nor ſtyloid proceſſes are yet to be ſeen.—Inſtead of a bony funnel-like external meatus auditorius, there is only a ſmooth bony ring, within which the membrane of the drum is faſtened.—At the entry of the Euſtachian tube, the ſide of the tympanum is not completed.——A little more outward than the internal auditory canal, there is a deep pit, over the upper part of whoſe orifice the interior ſemicircular canal of the ear is ſtretched; and ſome way below this, the poſterior ſemicircular canal alſo appears manifeſtly.

OS OCCIPITIS.

Os OCCIPITIS (*o*), ſo called from its ſituation, is convex on the outſide, and concave internally. Its figure is an irregular ſquare, or rather rhomboid; of which the angle above is generally a little rounded; the two lateral angles are more finiſhed, but obtuſe; and the lower one is ſtretched forward in form of a wedge, and thence is called by ſome the *cuneiform* proceſs.—If one would, however, be very nice in obſerving the ſeveral turns which the edges of the os occipitis

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(*o*) Ινον, Baſilare, proræ, memoriæ, pixidis, fibroſum, nervoſum, lambde.

pitis make, five or ſeven ſides, and as many angles of this bone, might be deſcribed.

The external ſurface is convex, except at the cuneiform apophyſe, where it is flatted. At the baſe of this triangular proceſs, on each ſide of the great hole, but more advanced forwards than the middle of it, the large oblong protuberances, named the *condyles*, appear, to ſerve for the articulation of this bone with the firſt vertebra of the neck. The ſmooth ſurface of each of theſe condyloid proceſſes is longeſt from behind forwards, where, by their oblique ſituation, they come much nearer to each other than they are at their back-part. Their inner ſides are lower than the external, by which they are prevented from ſliding to either ſide out of the cavities of the firſt vertebra (*p*). In ſome ſubjects, each of theſe plain ſmooth ſurfaces ſeems to be divided by a ſmall riſing in its middle; and the lower edge of each condyle, next the great foramen, is diſcontinued about the middle, by an intervening notch: Whence ſome (*q*) allege, that each of theſe apophyſes is made up of two protuberances. Round their root a ſmall depreſſion and ſpongy roughneſs is obſervable, where the ligaments for ſurrounding and ſecuring their articulations adhere.—Though the motion of the head is performed on the condyles, yet the centre of gravity of that globe does not fall between them, but is a good way further forward; from which mechaniſm it is evident, that the muſcles which pull the head back muſt be in a conſtant ſtate of contraction; which is ſtronger than the natural contraction of the proper flexors, elſe the head would always fall forwards, as it does when a man is aſleep, or labours under a palſy, as well as in infants, where the weight of the head far exceeds the proportional ſtrength of theſe muſcles. This ſeeming diſadvantageous ſituation of the condyles is, however, of good uſe to us, by allowing

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(*p*) Galen. de uſu part. lib. 12. cap. 7.

(*q*) Diemerbroek, Anat. lib. 9. cap. 6.

ing ſufficient ſpace for the cavities of the mouth and fauces, and for lodging a ſufficient number of muſcles, which commonly ſerve for other uſes; but may at pleaſure be directed to act on the head, and then have an advantageous lever to act with, ſo as to be able to ſuſtain a conſiderable weight appended, or other force applied, to pull the head back.

Somewhat more externally than the condyles, there is a ſmall riſing and ſemilunated hollow in each ſide, which make part of the holes common to the occipital and petrous bones.—Immediately behind this, on each ſide, a ſcabrous ridge is extended from the middle of the condyle towards the root of the maſtoid proceſs. Into this ridge the muſculus lateralis, commonly aſcribed to Fallopius, is inſerted.—About the middle of the external convex ſurface, a large arch runs croſs the bone; from the upper lateral parts of which the occipital muſcles have their riſe; to its middle the trapezii are attached; and half-way between this and the great hole, a leſſer arch is extended.—In the hollows between the middle of theſe arches the complexi are inſerted; and in the depreſſions more external and further forward than theſe, the ſplenii are inſerted. Between the middle of the leſſer arch and the great hole, the little hollow marks of the recti minores appear; and on each ſide of theſe the fleſhy inſertions of the obliqui ſuperiores and recti majores make depreſſions.—Through the middle of the two arches a ſmall ſharp ſpine is placed, which ſerves as ſome ſort of partition between the muſcles of different ſides, or rather is owing to the action of the muſcles depreſſing the bone on each ſide of it, while this part is free from their compreſſion. Theſe prints of the muſcles on this bone are very ſtrong and plain in ſome ſubjects, but are not ſo diſtinct in others. All round the great foramen, the edges are unequal, for the firmer adheſion of the ſtrong circular ligament which goes thence to the firſt vertebra. One end of each lateral or moderator ligament of the head, is fixed to a rough ſurface at the fore-part of each condyle, and the perpendicular one is connected to a rough part of the edge of the great hole between the two condyles. Immediately before the condyles, two little depreſſions are made in the external ſurface of the cuneiform proceſs, for the inſertion of the recti anteriores minores muſcles, which are unjuſtly aſcribed to Cowper: And ſtill further forward, near the ſphenoid bone, are two other ſuch depreſſions, for the reception of the recti anteriores majores. When we conſider the ſize of the prints of muſcles on the occipital bone, before and behind its condyles, and at the ſame time compare their diſtances from theſe centres of motion of the head, we muſt ſee how much ſtronger the muſcles are which pull the head backwards, than thoſe are which bend it forward; and how much greater force the former acquire by the long lever they act with, than the latter which are inſerted ſo near the condyles. This great force in the extenſor muſcles is altogether neceſſary, that they might not only keep the head from falling forward in an erect poſture, but that they might ſupport it when we bow forward in the moſt neceſſary offices of ſocial life, when the weight of the head comes to act at right angles on the vertebræ of the neck, and obtains a long lever to act with.

On the inner ſurface of the os occipitis we ſee two *ridges*; one ſtanding perpendicular, the other running horizontally acroſs the firſt. The upper part of the perpendicular limb of the croſs, to which the falx is fixed, is hollowed in the middle, or often on one ſide, for the reception of the ſuperior longitudinal ſinus; and the lower part of it has the ſmall or third proceſs of the dura mater faſtened to it, and is ſometimes hollowed by the occipital ſinus. Each ſide of the horizontal limb is made hollow by the lateral ſinuſes incloſed in the tranſverſe proceſs of the dura mater; the foſſa in the right ſide being generally a continuation of the one made by the longitudinal ſinus in the perpendicular limb, and therefore is larger than the left one (*r*)——Round the middle of the croſs there are four large depreſſions, ſeparated by its limbs; the two upper ones being formed by the back-part of the brain, and the two lower ones by the cerebellum.——Farther forward than the laſt-mentioned depreſſions, is the lower part of the foſſa for the lateral ſinus on each ſide.——The inner ſurface of the cuneiform apophyſe is made concave for the reception of the medulla oblongata, and of the baſilar artery.—A furrow is made on each ſide, near the edges of this proceſs, by a ſinus of the dura mater, which empties itſelf into the lateral ſinus (*s*).

The *holes* of this bone are commonly five proper, and two common to it and to the temporal bones——The firſt of the proper holes, called *foramen magnum* (*t*) from its ſize, is immediately behind the wedge-like proceſs; and allows a paſſage to the medulla oblongata, nervi acceſſorii, to the vertebral arteries, and ſometimes to the vertebral veins.——At each ſide of this great hole, near its fore-part, and immediately above the condyles, we always find a hole, ſometimes two, which ſoon unite again into one that opens externally; through theſe the ninth pair of nerves go out of the ſkull.—The fourth and fifth holes pierce from behind the condyle of each ſide into the foſſæ of the lateral ſinuſes; they ſerve for the paſſage of the cervical veins to theſe ſinuſes. Often one of theſe holes is wanting, ſometimes both, when the veins paſs through the great foramen.——Beſides theſe five, we frequently meet with other holes near the edges of this bone, for the tranſmiſſion of veins; but their number and diameter are very uncertain. The two common foramina are the large irregular holes, one in each ſide, between the ſides of the cuneiform proceſs and the edges of the petrous bones. In a recent ſubject, a ſtrong membrane runs croſs from one ſide to

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(*r*) Morgagn. Adverſ. anat. 6. animad. 1.
(*s*) Albin. de oſſib. ſect. 65.
(*t*) Rachitidis, Medullæ ſpinalis.

to the other of each of theſe holes: in ſome heads I have ſeen this membrane oſſified, or a bony partition dividing each hole; and in the greater number of adult ſkulls, there is a ſmall ſharp-pointed proceſs ſtands out from the os petroſum, and a more obtuſe riſing in the occipital bone, between which the partition is ſtretched. Behind this partition, where the largeſt ſpace is left, the lateral ſinus has its paſſage; and before it the eighth pair of nerves and acceſſorius make their exit out of the ſkull; and ſome authors ſay, an artery paſſes through this hole to be beſtowed on the dura mater.

The *occipital* bone is among the thickeſt of the cranium, though unequally ſo; for it is ſtronger above, where it has no other defence than the common teguments, than it is below; where, being preſſed by the lobes of the brain and cerebellum on one ſide, and by the action of the muſcles on the other, it is ſo very thin as to be diaphanous in many ſkulls: but then theſe muſcles ward off injuries, and the ridges and ſpines, which are frequent here, make it ſufficiently ſtrong to reſiſt ordinary forces.

The tables and diploë are tolerably diſtinct in this bone, except where it is ſo thin as to become diaphanous.

The occipital bone is *joined* above to the oſſa parietalia and triquetra, when preſent, by the lambdoid ſuture;—laterally to the temporal bones, by the additamenta of the lambdoid ſuture;—below to the ſphenoid bone, by the end of its cuneiform proceſs, in the ſame way that epiphyſes and their bones are joined: For in children a ligamentous cartilage is interpoſed between the occipital and ſphenoid bones, which gradually turns thinner as each of the bones advances, till their fibres at laſt run into each other; and about ſixteen or eighteen years of age, the union of theſe two bones becomes ſo intimate, that a ſeparation cannot be made without violence.—The os occipitis is joined by a double articulation to the firſt vertebra of the neck, each condyle being received into a ſuperior oblique proceſs of that vertebra. What motion is allowed here we ſhall conſider afterwards, where the vertebræ are deſcribed.

The *uſes* of this bone appear from the preceding deſcription, and therefore need not be repeated.

An infant, born at the full time, has this bone divided, by unoſſified cartilages, into four parts.—The firſt of theſe is larger than the other three, is of a triangular ſhape, and conſtitutes all the part of the bone above the great foramen. Generally fiſſures appear in the upper part and ſides of this triangular bone, when all the cartilage is ſeparated by maceration; and ſometimes little diſtinct bones are ſeen towards the edges of it.—The ſecond and third pieces of this bone are exactly alike, and ſituated on each ſide of the great foramen, from which very near the whole condyles are produced; and they are extended forwards almoſt to the fore-part of the hole for the ninth pair of nerves.—The fourth piece is the cuneiform proceſs, which forms a ſmall ſhare of the great hole, and of thoſe for the ninth pair of nerves and of the condyles; betwixt it and the ſphenoid bone, a cartilage is interpoſed.

Of the eight bones which belong to the cranium, there are only two which are not yet deſcribed, viz the *ethmoid* and *ſphenoid.* Theſe we already mentioned, in complaiſance to the generality of writers on this ſubject, as bones common to the cranium and face, becauſe they enter into the compoſition of both; but the ſame reaſon might equally be uſed for calling the frontal bone a common one too. I ſhall, however, paſs any idle diſpute about the propriety of ranging them, and proceed to examine the ſtructure of the bones themſelves.

OS ETHMOIDES.

Os Ethmoides (*u*), or the *ſieve-like* bone, has got its name from the great number of ſmall holes with which

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(*u*) Cribriforme, σπογγοειδης, ſpongiforme, criſtatum.

which that part of it firſt taken notice of is pierced. When this bone is entire, the figure of it is not eaſily deſcribed; but, by a detail of its ſeveral parts, ſome idea may be afforded of the whole: and therefore I ſhall diſtinguiſh it into the *cribriform lamella* with its proceſs, the *naſal lamella*, *cellulæ*, and *oſſa ſpongioſa*.

The thin horizontal lamella is all (except its back-part) pierced obliquely by a great number of ſmall holes, through which the filaments of the olfactory nerves paſs. In a recent ſubject, theſe holes are ſo cloſely lined by the dura mater, that they are much leſs conſpicuous than in the ſkeleton. From the middle of the internal ſide of this plate, a thick proceſs riſes upwards; and being higheſt at the fore-part, gradually becomes lower as it is extended backwards. From ſome reſemblance which this proceſs was imagined to have to a cock's comb, it has been called *criſta galli* (*x*). The falx is connected to its ridge, and to the unperforated part of the cribriform plate. When the criſta is broke, its baſe is ſometimes found to be hollow, with its cavity opening into the noſe (*y*). Immediately before the higheſt part of this proceſs, is the blind hole of the frontal bone, which, as was formerly remarked, is often in a good meaſure formed by a notch in the fore-part of the root of the criſta.

From the middle of the outer ſurface of the cribriform lamella, a thin ſolid plate is extended downwards and forwards, having the ſame common baſe with the criſta galli. Generally it is not exactly perpendicular, but is inclined to one ſide or other, and therefore divides the cavity of the noſe unequally. Its inclination to one ſide, and flexure in the middle, is ſometimes ſo great, that it fills up a large ſhare of one of the noſtrils, and has been miſtaken for a polypus there. It is thin at its riſe, and rather ſtill thinner in its middle; yet afterwards, towards its lower edge, it becomes thicker, that

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(*x*) Verruca prædura, ſeptum oſſis ſpongioſi.

(*y*) Palſyn. Anat.-chir. tr. 4. chap. 15.

that its conjunction with the bones and middle cartilage of the noſe might be firmer.

At a little diſtance from each ſide of this external proceſs, a cellular and ſpongy bony ſubſtance depends from the cribriform plate. The number and figure of the cells in this irregular proceſs of each ſide, are very uncertain, and not to be repreſented in words; only the cells open into each other, and into the cavity of the noſe: The uppermoſt, which are below the aperture of the frontal ſinuſes, are formed like funnels. The outer ſurface of theſe cells is ſmooth and plain, where this bone aſſiſts in compoſing the orbit; at which place, on each ſide, it has got the name of os planum; on the upper edge of which a ſmall notch or two may ſometimes be obſerved, which go to the formation of the internal orbitar holes; as was remarked in the deſcription of the frontal bone.

Below the cells of each ſide, a thin plate is extended inwards; and then bending down, it becomes thick and of a ſpongy texture. This ſpongy part is triangular, with a ſtraight upper edge placed horizontally, an anterior one ſlanting from above, downwards and forwards, and with a pendulous convex one below. The upper and lower edges terminate in a ſharp point behind. The ſide of this pendulous ſpongy part next to the ſeptum narium is convex, and its external ſide is concave. Theſe two proceſſes of the ethmoid bone have got the name of *oſſa ſpongioſa*, or *turbinata ſuperiora*, from their ſubſtance, figure, and ſituation.

All the prominences, cavities, and meanders of this ethmoid bone, are covered with a continuation of the membrane of the noſtrils in a recent ſubject. Its horizontal cribriform plate is lodged between the orbitar proceſſes of the frontal bone, to which it is joined by the ethmoid ſuture, except at the back-part, where it is connected with the cuneiform bone by a ſuture common to both theſe bones, though it is generally eſteemed part of the ſphenoidal.——Where the oſſa plana are contiguous to the frontal bone within the orbit, their conjunction is reckoned part of the tranſverſe ſuture.——Farther forward than the oſſa plana, the cells are covered by the oſſa unguis: which are not only contiguous to theſe cells, but cannot be ſeparated from them without breaking the bony ſubſtance; and therefore, in propriety, thoſe bones ought to be demonſtrated as part of the ethmoid bone.——Below the oſſa unguis and plana, theſe cells and oſſa ſpongioſa are overlopped by the maxillary bones. The cellular part of each palate bone is contiguous to each os planum and cells backwards. The lower edge of the naſal perpendicular plate is received into the furrow of the vomer.—Its poſterior edge is joined to the fore-part of the proceſſus azygos of the ſphenoid bone. Its upper edge joins the naſal proceſs of the frontal and naſal bones; and its anterior one is connected to the middle cartilage of the noſe.

From all which, the *uſes* of this bone are evident, viz. to ſuſtain the anterior lobes of the brain; to give paſſage to the olfactory nerves, and attachment to the falx; to enlarge the organ of ſmelling, by allowing the membrane of the noſe a great extent; to ſtraiten the paſſage of the air through the noſe, by leaving only a narrow winding canal, on the ſenſible membranous ſides of which the ſubſtances conveyed along with the air muſt ſtrike; to form part of the orbit of the eyes and ſeptum narium; while all its parts are ſo light as not to be in hazard of ſeparating by their weight; and they are ſo thin, as to form a large ſurface, without occupying much ſpace. This brittle ſubſtance, however, is ſufficiently protected from external injuries by the firm bones which cover it.

If this bone is ſeized on by any corroding matter, we may eaſily conceive what deſtruction may enſue. Hence it is, that an ozæna is difficult to cure; and that in violent ſcurvies, or in the lues venerea, the fabric of the noſe, the eyes, and life itſelf, are in danger.

The ſituation of the naſal plate may ſhow us how dangerous a fracture of the bones of the noſe may be, when made by a force applied to their middle fore-part, of a perſon in whom this naſal plate is perpendicular.

The ethmoid bone of ripe children is divided into two by a perpendicular cartilage, which, when oſſified, is the criſta galli and naſal plate; but its other parts are oſſified and complete.

OS SPHENOIDES.

Os sphenoides (*z*), or *wedge-like* bone, ſo called becauſe of its ſituation in the middle of the bones of the cranium and face, is of ſuch an irregular figure, that I know not any thing to which it may be likened, unleſs, perhaps, it bear ſome faint reſemblance to a bat with its wings extended.

When we view the external ſurface of the os ſphenoides, two or three remarkable proceſſes from each ſide of it may be obſerved, which are all of them again ſubdivided.——The firſt pair is the two large lateral proceſſes or wings; the upper part of each of which is called the *temporal proceſs*, becauſe they join with the temporal bones in forming the temples, and the ſeat for ſome ſhare of the crotaphite muſcles. That part of the wings which juts out towards the inſide, ſomewhat lower than the temporal apophyſes, and is ſmooth and hollowed, where it makes up part of the orbit, is thence named *orbitar proceſſes*. Behind the edge, ſeparating theſe two proceſſes, there is often a ſmall groove, made by a branch of the ſuperior maxillary nerve, in its paſſage to the temporal muſcle. The loweſt and back part of each wing, which runs out ſharp to meet the oſſa petroſa, has been ſtyled the *ſpinous* proceſs: from near the point of which a ſharp-pointed proceſs is frequently produced downwards, which ſome call *ſtyliform*, that affords origin to the ptery-ſtaphylinus exter-

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(*z*) Cuneiforme, πολυμορφον, multiforme, paxillum, cribratum palati, colatorii, cavilla, baſilare.

nus muſcle. From this ſtyloid proceſs a very ſmall groove is extended along the edge of the bone to the hollow at the root of the internal plate of the following proceſſes, which forms part of the Euſtachian tube (*a*). The ſecond pair of external proceſſes of the cuneiform bone, is the two which ſtand out almoſt perpendicular to the baſe of the ſkull. Each of them has two plates, and a middle foſſa facing backwards, and ſhould, to carry on our compariſon, be likened to the bat's legs; but are commonly ſaid to reſemble the wings of that creature; and therefore are named *pterygoid* or *aliform* (*b*) proceſſes. The external plates are broadeſt, and the internal are longeſt. From each ſide of the external plates the pterygoid muſcles take their riſe. At the root of each internal plate, a ſmall hollow may be remarked, where the muſculus ptery-ſtaphylinus internus or circumflexus palati riſes, and ſome ſhare of the cartilaginous end of the Euſtachian tube reſts; and, at the lower end of the ſame plate, is a hook-like riſing or proceſs, round which the tendon of the laſt-named muſcle plays, as on a pulley. From the edge of the external plates ſome ſmall ſharp ſpikes ſtand out; but their number and bulk are uncertain.——To theſe another pair may be added, to wit, the little triangular thin proceſs, which comes from each ſide of the body of the ſphenoid bone, where the pterygoid proceſſes are riſing from it, and are extended over the lower part of the aperture of the ſinus as far as to join the ethmoid bone, while their body hangs down into the nares (*c*). Beſides theſe pairs of proceſſes, there is a ſharp ridge which ſtands out from the middle of its baſe: Becauſe it wants a fellow, it may be called *proceſſus azygos*. The lower part of this proceſs, where it is received into the vomer,

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(*a*) Winſlow, Expoſition anatomique du corps humain, traité des os ſecs, § 233.

(*b*) Naviculares.

(*c*) Albin. Tab. Oſſ. 5. fig. 2. 6. A. A.——Bertin, Mem. de l'acad. des ſciences, 1744.—Sue, planche viii. fig. 2, 3, 4, 5, 6.

vomer, is thick, and often not quite perpendicular, but inclining more to one ſide than the other. The fore-part of this proceſs, where it joins the naſal plate of the os ethmoides, is thin and ſtraight. Theſe two parts have been deſcribed as two diſtinct proceſſes by ſome.

The depreſſions, ſinuoſities, and foſſæ, on the external ſurface of this ſphenoid bone, may be reckoned up to a great number, viz. two on the temporal apophyſes, where the crotaphite muſcles lodge.—Two on the orbitar proceſſes, to make way for the globes of the eyes.——Two between the temporal and ſpinous proceſſes, for receiving the temporal bones.——Two between the plates of the pterygoid proceſſes, where the muſculi pterygoidei interni and ptery-ſtaphylini interni are placed.————Two between the pterygoid and orbitar proceſſes, for forming the holes common to this and to the cheek and maxillary bones. Two on the lower ends of the aliform proceſſes, which the palate bones enter into.——Two at the roots of the temporal and pterygoid proceſſes, where the largeſt ſhare of the external pterygoid muſcles have their riſe.—Two at the ſides of the proceſſus azygos, for forming part of the noſe, &c.

What I deſcribed under the name of *temporal* and *ſpinous proceſſes* on the outſide of the ſkull, are likewiſe ſeen on its inſide, where they are concave, for receiving part of the brain; and commonly three apophyſes on the internal ſurface of the ſphenoid bone are only mentioned.——Two riſing broad from the fore-part of its body, become ſmaller as they are extended obliquely backwards.——The third ſtanding on a long tranſverſe baſe, near the back-part of the body of this bone, riſes nearly erect, and of an equal breadth, terminating often in a little knob on each ſide. The three are called *clinoid*, from ſome reſemblance which they were thought to have to the ſupporters of a bed. Sometimes one or both the anterior clinoid proceſſes are joined to the ſides of the poſterior one, or the body of the bone itſelf From the roots of the anterior clinoid proceſſes the bone is extended on each ſide outwards and forwards, till it ends in a ſharp point, which may have the name of the *tranſverſe* ſpinous proceſſes.—Between, but a little farther back than the two anterior clinoid proceſſes, we ſee a protuberance conſiderably ſmaller than the poſterior clinoid proceſs, but of its ſhape.—Another proceſs from between the tranſverſe proceſſes, often forces itſelf forwards into the os ethmoides.

Within the ſkull, there are two *ſinuoſities* in the internal part of each wing of the ſphenoid bone, for receiving the middle part of the brain.—One between the tranſverſe ſpinous proceſſes, for lodging the part of the brain where the crura medullæ oblongatæ are.—Immediately before the third or middle clinoid proceſs, a ſingle pit generally may be remarked, from which a foſſa goes out on each ſide to the holes through which the optic nerves paſs. The pit is formed by the conjoined optic nerves; and in the foſſa theſe nerves are lodged, as they run divided within the ſkull. Between that third protuberance and the poſterior clinoid proceſs, the larger pit for the glandula pituitaria may be remarked. This cavity, becauſe of its reſemblance to a Turkiſh ſaddle, is always deſcribed under the name of *ſella turcica*, or *ephippium*.—On the ſides of the poſterior clinoid proceſs a foſſa may be remarked, that ſtretches upwards, then is continued forwards along the ſides of the ſella turcica, near to the clinoid anterior proceſſes, where a pit on each ſide is made. Theſe foſſæ point out the courſe of the two internal carotid arteries, after they have entered the ſkull. Beſides all theſe, ſeveral other foſſæ may be obſerved, leading to the ſeveral holes, and imprinted by the nerves and blood-veſſels.

The *holes* on each ſide of the os ſphenoides are ſix proper, and three common.—The firſt is the round one immediately below the anterior clinoid proceſſes, for the paſſage of the optic nerve, and of the branch of the internal carotid artery that is ſent to the eye.—The ſecond is the foramen lacerum, or large ſlit between the tranſverſe ſpinous and orbitar proceſſes: the interior end of which ſlit is large; and, as it is extended outwards, it becomes narrower. The outer end of it is formed in the os frontis; and therefore this might be reckoned among the common foramina. Through it the third, fourth, the firſt branch of the fifth, and the greater ſhare of the ſixth pair of nerves, and an artery from the internal carotid, go into the orbit. Sometimes a ſmall branch of the external carotid enters near its end, to be diſtributed to the dura mater (*d*), and a vein, ſome call it the *venous duct*, or *Nuck's aquæduct*, returns through it to the cavernous ſinus.—The third hole, ſituated a little below the one juſt now deſcribed, is called *rotundum*, from its ſhape. It allows paſſage to the ſecond branch of the fifth pair of nerves, or ſuperior maxillary nerve, into the bottom of the orbit.——The fourth is the *foramen ovale*, about half an inch behind the round hole. Through it the third branch of the fifth pair, or inferior maxillary nerve, goes out; and ſometimes a vein from the dura mater paſſes out here (*e*).—Very near the point of the ſpinous proceſs is the fifth hole of this bone: it is ſmall and round, for a paſſage to the largeſt artery of the dura mater, which often is accompanied with a vein —The ſixth proper hole (*f*) cannot be well ſeen, till the cuneiform bone is ſeparated from all the other bones of the cranium; for one end of it is hid by a ſmall protuberance of the internal plate of the pterygoid proceſs, and by the point of the proceſſus petroſus of the temporal bone. Its canal

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(*d*) Winſlow, Expoſition anatomique du corps humain, traité des arteries, § 60. et de la tete, § 26.

(*e*) Ingraſſ. Commentar. in Galen. de oſſib lib. 1. comment. 8.

(*f*) Veſal. Anat. lib. 1. cap. 12.——Euſtach. tab. 46. fig. 13. & 16 ——Vidus Vidius, Anat. lib. 2. cap. 2. explicat. tab. 5. & tab. 6. fig. 8, 9, 10. lit. O.

nal is extended above the inner plate of the pterygoid proceſs; and where it opens into the cavity of the noſe, it is concealed by the thin laminous part of the palate-bone. Through it a conſiderable branch of the ſecond branch of the fifth pair of nerves is reflected.—Often, in the middle of the ſella turcica, a ſmall hole or two pierce as far as the cellular ſubſtance of the bone; and ſometimes at the ſides of this ſella, one or more ſmall holes penetrate into the ſphenoidal ſinuſes. Theſe obſervations afforded ſome anatomiſts (*g*) an argument of weight in their days in defence of Galen (*h*), who aſſerted the deſcent of the pituita that way into the ſinuſes below.

The firſt of the *common holes* is that unequal fiſſure at the ſide of the ſella turcica, between the extreme point of the os petroſum and the ſpinous proceſs of the cuneiform bone. This hole only appears after the bones are boiled; for in a recent ſubject its back-part is covered by a thin bony plate that lies over the internal carotid artery, and further forward it is filled with a cartilaginous ligament, under which the cartilaginous part of the Euſtachian tube is placed: It was by this paſſage that the ancients believed the ſlimy matter was conveyed from the emunctory of the brain, the glandula pituitaria, to the fauces.——The ſecond common hole is the large diſcontinuation of the external ſide of the orbit, left between the orbitar proceſſes of the cuneiform bone, the os maxillare, malæ, and palati. In this large hole the fat for lubricating the globe of the eye and temporal muſcle is lodged, and branches of the ſuperior maxillary nerve, with ſmall arteries from the carotid and veins, paſs.——The third hole is formed between the baſe of this bone and the root of the orbitar proceſs of the palate-bone of each ſide. Thro' this a branch of the external carotid artery, and of the ſecond branch of the fifth pair of nerves, are allowed a paſſage

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(*g*) Jac. Sylv. Calumniæ ſecundæ amolitio.—Laurent. Hiſt. Anat. lib. 2. queſt. 11.

(*h*) Galen. de uſu part. lib. 9. cap. 1.

paſſage to the noſtrils, and a returning vein accompanies them. Sometimes, however, this hole is proper to the palate-bone, being entirely formed out of its ſubſtance.

Under the ſella turcica, and ſome way farther forward, but within the ſubſtance of the ſphenoid bone, are two *ſinuſes*, ſeparated by a bony plate. Each of them is lined with a membrane, and opens into the upper and back part of each noſtril by a round hole, which is at their upper fore-part. This hole is not formed only by the os ſphenoides, which has an aperture near as large as any tranſverſe ſection of the ſinus, but alſo by the palate-bones, which are applied to the fore-part of theſe ſinuſes, and cloſe them up, that hole only excepted which was already mentioned. Frequently the two ſinuſes are of unequal dimenſions, and ſometimes there is only one large cavity, with an opening into one noſtril. Theſe cavities are likewiſe ſaid (*i*) to be extended ſometimes as far back as the great foramen of the occipital bone. In other ſubjects they are not to be found, when the bone is compoſed of large cells (*k*). Some (*l*) mention a cavity within the partition of the ſinuſes; but it is ſmall. The ſphenoidal ſinuſes ſerve the ſame uſes as the frontal do.

As this bone is extremely ragged and unequal, ſo its ſubſtance is of very different thickneſs, being in ſome places diaphanous; in others it is of a middle thickneſs, and its middle back-part ſurpaſſes the greateſt ſhare of the cranium in thickneſs.

The os ſphenoides is joined by its wings to the parietal bones above, to the os frontis and oſſa malarum before, to the temporal bones behind;——by the fore-part of its body and ſpinous proceſſes, to the frontal and ethmoid bones;—by its back-part, behind the two ſinuſes, to the occipital, where it looks like a bone with the epiphyſes taken off, and, as was formerly obſerved in

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(*i*) Albin. de oſſib. § 39.

(*k*) Veſal. lib. 1. cap. 6.

(*l*) Id. ibid.

in the deſcription of the occipital bone, it cannot be ſeparated without violence in adults;——to the palate-bones, by the ends of the pterygoid proceſſes, and ſtill more by the fore-part of the internal plates of the pterygoid proceſſes, and of the ſinuſes;—to the maxillary bones, by the fore-part of the external pterygoid plates; —to the vomer and naſal plate of the os ethmoides, by the proceſſus azygos. All theſe conjunctions, except the laſt, which is a ſchindyleſis, are ſaid to be by the ſuture proper to this bone; though it is at firſt ſight evident, that ſeveral other ſutures, as the tranſverſe, ethmoidal, &c. are confounded with it.

We ſee now how this bone is joined to all the bones of the cranium, and to moſt of the upper jaw; and therefore obtained the name of the *wedge-like bone.*

The *uſes* are ſo blended with the deſcription, as to leave nothing new to be added concerning them.

The ſphenoidal bone is almoſt complete in a fœtus of nine months; only the great alæ ſeparate after maceration from the body of the bone.—The proceſſus azygos is very large and hollow;—the thin triangular proceſſes are not oſſified;——the internal ſurface of the body is unequal and porous;——the ſinuſes do not appear.

Whoever is acquainted with each bone of the cranium, can, without difficulty, examine them as they ſtand united, ſo as to know the ſhapes, ſizes, diſtances, &c. of their ſeveral parts, and the forms, capacities, &c. of the cavities formed by them; which is of great uſe towards underſtanding the anatomy of the parts contiguous to, contained within, or connected to them. Such a review is neceſſary, after conſidering each claſs of bones. Thus the orbits, noſtrils, mouth, face, head, ſpine, thorax, pelvis, trunk, extremities, and ſkeleton, ought likewiſe to be examined.

§ 2. *Bones of the* FACE.

THE face is the irregular pile of bones compoſing the fore and under part of the head, which is divided by authors into the *upper* and *lower maxillæ* or jaws.

THE *ſuperior maxilla* (*m*) is the common deſignation given to the upper immoveable ſhare of the face; tho', if we would follow Celſus (*n*), we ſhould apply the word *maxilla* to the lower jaw only, and the name *mala* to this upper jaw. In complaiſance to prevailing cuſtom, I ſhall, however, uſe the terms as now commonly employed. The ſhape of the ſuperior jaw cannot eaſily be expreſſed; nor is it neceſſary, provided the ſhape and ſituation of all the bones which compoſe it are deſcribed. It is bounded above by the tranſverſe ſuture, behind by the fore-part of the ſphenoid bone, and below by the mouth.

The upper jaw conſiſts of ſix bones on each ſide; of a thirteenth bone which has no fellow, placed in the middle; and of ſixteen teeth. The thirteen bones are, two oſſa naſi, two oſſa unguis, two oſſa malarum, two oſſa maxillaria, two oſſa palati, two oſſa ſpongioſa inferiora, and the vomer.

The *oſſa naſi* are placed at the upper part of the noſe; —*oſſa unguis* are at the internal canthi of the orbits; —*oſſa malarum* form the prominence of the cheeks;— *oſſa maxillaria* form the ſide of the noſe, with the whole lower and fore part of the upper jaw, and the greateſt ſhare of the roof of the mouth;—*oſſa palati* are ſituated at the back part of the palate, noſtrils, and orbit;—*oſſa ſpongioſa* are ſeen in the lower part of the nares;—and the *vomer* helps to ſeparate theſe two cavities.

The bones of the upper jaw are joined to the bones of the ſkull by the *ſchindyleſis* and ſutures already deſcribed as common to the cranium and face, and they are

(*l*) Σιαγων, γενυς, mandibula.

(*m*) Lib. 8. cap. 1.

are connected to each other by *gomphoſis* and fifteen ſutures.

The *gomphoſis* only is where the teeth are fixed in their ſockets, and the *ſchindyleſis* is only where the edges of the vomer are joined to other bones.

The *ſutures* are generally diſtinguiſhed by numbers, which have been differently applied; and therefore I join thoſe (*n*) who prefer the giving names to each, which may be eaſily contrived from their ſituation, or from the bones which they connect.

The firſt is the anterior naſal (*o*), which is ſtraight, and placed longitudinally in the middle fore-part of the noſe.

The ſecond and third are the lateral naſal (*p*), which are at each ſide of the noſe, and almoſt parallel to the firſt ſuture.

Each of the two lacrymal is almoſt ſemicircular, and is placed round the lacrymal groove.

The ſixth and ſeventh are the internal orbitar: each of which is extended obliquely from the middle of the lower ſide of an orbit to the edge of its baſe.

The two external orbitars are continued, each from the end of the internal orbitar to the under and fore-part of the cheek.

The tenth is the myſtachial, which reaches only from the lower part of the ſeptum narium to between the two middle dentes inciſores.

The longitudinal palate (*q*) ſuture ſtretches from the middle of the foremoſt teeth through the middle of all the palate.

The tranverſe palate (*r*) runs acroſs the palate, nearer the back than the fore-part of it.

Each

(*n*) Vander Linden. Medicin. phyſiolog. cap. 13. art. 2. § 10. —Rolfinc. Anat. lib. 2. cap. 25.——Schenk. Schol. part. § ult. par. 2. cap. 5.

(*o*) Naſalis recta. (*p*) Naſalis obliqua.

(*q*) Laquearis, palataria recta.

(*r*) Arcuata, palatina poſtica.

Each of the two palato-maxillary is at the back-part of the ſide of each noſtril.

The fifteenth is the ſpinous, which is in the middle of the lower part of the noſtrils. This may perhaps be rather thought a double *ſchindyleſis*.

The connection of the oſſa ſpongioſa to the ſide of each noſtril, is ſo much by a membrane in young ſubjects, by a ſort of hook and afterwards by concretion or union of ſubſtance in adults, that I did not know well how to rank it: But if any chooſes to call it a ſuture, the addition of two *tranſverſe naſal* ſutures may be made to thoſe above named.

Theſe ſutures of the face (formerly called *harmoniæ)* have not ſuch conſpicuous indentations as thoſe of the ſkull have; the bones here not having ſubſtance enough for forming large indentations, and there being leſs neceſſity for ſecurity againſt external injuries, or any internal protruding force, than in the cranium.——Theſe ſutures often diſappear in old people, by the bones running into each other; which can do little prejudice, becauſe the principal uſe of the bones being ſo numerous here, is to allow them to be extended into a proper form.

It is evident, from the manner of the conjunction of theſe bones, that they can have no motion, except in common with the cranium.

The purpoſes which this pile of bones ſerves, will be ſhown in the deſcription which I am to give of each of them.

OSSA NASI.

Ossa nasi, ſo named from their ſituation at the root of the noſe, are each of an irregular oblong ſquare figure, being broadeſt at their lower end, narroweſt a a little higher than their middle, and becoming ſomewhat larger at the top, where they are ragged and thickeſt, and have a curvature forwards, that their connection with the frontal bone might be ſtronger.——Theſe bones are convex externally, and thereby better reſiſt any violence from without; and they are concave internally, for enlarging the cavity of the noſe.

The lower edge of theſe bones is unequal, and is ſtretched outwards and backwards, to join the cartilages of the noſtrils.—Their anterior ſide is thick, eſpecially above, and unequal, that their conjunction to each other might be ſtronger; and a ſmall riſing may be remarked on their inner edge, where they are ſuſtained by the ſeptum narium.——Their poſterior ſide, at its upper half, has externally a depreſſion, where it is overlopped ſome way by the maxillary bones, while its lower half covers theſe bones: By which contrivance, they do not yield eaſily to preſſure applied to their forepart or ſides.

A ſmall hole is frequently to be obſerved on their external ſurface, into which two, three, or four holes, which appear internally, terminate for the tranſmiſſion of ſmall veins; ſometimes the holes go on further than the cancelli of the bones.

The naſal bones are firm and ſolid, with very few cells or cancelli in them; the thin ſubſtance of which they conſiſt not requiring much marrow.

They are *joined* above to the frontal bone, by the middle of the tranſverſe ſuture;——behind, to the maxillary bones, by the lateral naſal ſutures;——below, to the cartilages of the noſe;——before, to one another, by the anterior naſal ſuture;——internally, to the ſeptum narium.

The *uſe* of theſe bones is to cover and defend the root of the noſe.

In an infant the naſal bones are proportionally ſhorter, and leſs thick at their upper part, than in an adult; but are otherwiſe complete.

OSSA UNGUIS, OR LACRYMALIA.

Ossa unguis, or lacrymalia, are ſo named, becauſe their figure and magnitude are ſomething near to thoſe of a nail of one's finger, and becauſe the tears paſs upon them into the noſe.

Their external ſurface is compoſed of two ſmooth concavities and a middle ridge.——The *depreſſion* behind forms a ſmall ſhare of the orbit for the eye-ball to move on; and the one before is a deep perpendicular canal, or *foſſa*, larger above than below, containing part of the lacrymal ſac and duct. This is the part that ought to be pierced in the great operation for the fiſtula lacrymalis.——This foſſa of the bone is cribriform, or has a great number of ſmall holes through it, that the filaments from the membrane which lines it, inſinuating themſelves into theſe holes, might prevent a ſeparation of the membrane, and ſecure the bone in its natural ſituation.——The *ridge* between theſe two cavities of the os unguis is the proper boundary of the orbit at its internal canthus; and beyond which ſurgeons ſhould not proceed backwards in performing operations here.——The internal or poſterior ſurface of this bone conſiſts of a furrow in the middle of two convexities.

The *ſubſtance* of the os unguis is as thin as paper, and very brittle; which is the reaſon that thoſe bones are often wanting in ſkeletons, and need little force to pierce them in living ſubjects.

Each of theſe bones is *joined*, above, to the frontal bone, by part of the tranſverſe future;——behind, to the os planum of the ethmoid bone, by the ſame future;——before, and below, to the maxillary bone, by the lacrymal future.——Internally, the oſſa unguis cover ſome of the ſinus ethmoidales; nay, are really continuous with the bony lamellæ which make up the ſides of theſe cells; ſo that they are as much part of the ethmoid bone as the oſſa plana.

Theſe unguiform bones compoſe the anterior internal parts of the orbits, lodge a ſhare of the lacrymal ſac and duct, and cover the ethmoid cells.—Their ſituation and tender ſubſtance make a raſh operator in danger of deſtroying a conſiderable ſhare of the organ of ſmelling, when he is performing the operation of the fiſtula lacrymalis; but when theſe bones are hurt, they caſt off without much difficulty, and conſequently the wound is ſoon cured, unleſs the patient labours under a general cacoethes, or there is a prediſpoſition in the bones to caries; in which caſe, a large train of bad ſymptoms follow, or at beſt the cure proves tedious.

Theſe bones are fully formed in a new-born child.

OSSA MALARUM.

Ossa malarum (s) was the name given by Celſus, as was already remarked, to all the upper jaw; but is now appropriated to the prominent ſquare bones which form the cheek on each ſide.——Before, their ſurface is convex and ſmooth; backward, it is unequal and concave, for lodging part of the crotaphyte muſcles.

The four *angles* of each of theſe bones have been reckoned proceſſes by ſome.——The one at the external canthus of the orbit, called the *ſuperior orbitar* proceſs, is the longeſt and thickeſt.———The ſecond terminates near the middle of the lower edge of the orbit in a ſharp point, and is named the *inferior orbitar* proceſs.——The third, placed near the lower part of the cheek, and thence called *maxillary*, is the ſhorteſt, and neareſt to a right angle.——The fourth, which is called *zygomatic*, becauſe it is extended backwards to the *zygoma* of the temporal bone, ends in a point, and has one ſide ſtraight, and the other ſlopping.——Between the two orbitar angles there is a concave arch, which makes about a third of the external circumference of the orbit, from which a fifth proceſs is extended backwards within the orbit, to form near one third of that cavity; and hence it may be called the *internal orbitar* proceſs.—From the lower edge of each of the oſſa malarum, which is between the maxillary and zygomatic proceſſes, the maſſeter muſcle takes its origin;

(s) Jugalia vel zygomatica, hypopia, ſubocularia.

and from the exterior part of the zygomatic proceſs, the muſculus diſtortor oris riſes; in both which places the ſurface of the bone is rough.

On the external ſurface of each cheek-bone, one or more ſmall *holes* are commonly found, for the tranſmiſſion of ſmall nerves or blood-veſſels from, and ſometimes into, the orbit.—On the internal ſurface are the holes for the paſſage of the nutritious veſſels of theſe bones. ——A notch on the outſide of the internal orbitar proceſs of each of theſe bones aſſiſts to form the great ſlit common to this bone and to the ſphenoid, maxillary, and palate bones.

The *ſubſtance* of theſe bones is, in proportion to their bulk, thick, hard, and ſolid, with ſome cancelli.

Each of the oſſa malarum is *joined*, by its ſuperior and internal orbitar proceſſes, to the os frontis, and to the orbitar proceſs of the ſphenoid bone, by the tranſverſe ſuture. By the edge between the internal and inferior orbitar proceſſes, to the maxillary bone, by the internal orbitar ſuture. By the ſide between the maxillary and inferior orbitar proceſs, again to the maxillary bone, by the external orbitar ſuture. By the zygomatic proceſs, to the os temporum, by the zygomatic ſuture.

The cheek-bones are entire, and fully oſſified in all their parts, in infants.

OSSA MAXILLARIA SUPERIORA.

Ossa Maxillaria Superiora, are the largeſt bones, and conſtitute the far greater part, of the upper jaw, which has appropriated the name of *maxillaria* to them. The figure of one of them, or of the two when joined, is ſo irregular, that words can ſcarce give an idea of it.

The *proceſſes* of each os maxillare may be reckoned ſeven. The firſt is the long naſal one at its upper and fore-part, which is broad below, and turns ſmaller, as it riſes upwards, to make the ſide of the noſe. At the root of this, a tranſverſe ridge may be obſerved within the noſtrils, which ſupports the fore-part of the upper edge of the os ſpongioſum inferius. The ſecond is produced backwards and outwards, from the root of the naſal proceſs, to form the lower ſide of the orbit; and therefore may be called *orbitar*. The edge of this orbitar proceſs, and the ridge of the naſal one, which is continued from it, make a conſiderable portion of the external circumference of the orbit. From the proper orbitar proceſs, a very rough triangular ſurface is extended downwards and outwards, to be connected to the cheek-bone; and therefore may be called the molar proceſs, from the loweſt protuberant part of which ſome ſhare of the maſſeter muſcle takes its riſe. Behind the orbitar proceſs, a large tuberoſity or bulge of the bone appears, which is eſteemed the fourth proceſs. On the internal part of this we often meet with a ridge, almoſt of the ſame height with that in the naſal proceſs, which runs tranſverſely, and is covered by a ſimilar ridge of the palate-bone, on which the back-part of the upper edge of the os ſpongioſum inferius reſts.——The convex back-part of this tuberoſity is rough for the origin of part of the external pterygoid muſcle (*t*); and more internally is ſcabrous, where the palate and ſphenoid bones are joined to it.—That ſpongy protuberance (*u*) at the lower circumference of this bone, where the ſockets for the teeth are formed, is reckoned the fifth. The ſixth is the horizontal plate, which forms the greater part of the baſe of the noſtrils, and roof of the mouth: its upper ſurface, which belongs to the noſtrils, is very ſmooth; but the other below is arched and rough, for the ſtronger adheſion of the membrane of the mouth, which is ſtretched upon it; and in chewing, ſpeaking, &c. might otherwiſe be liable to be ſeparated. The ſeventh riſes like a ſpine from the inner edge of the laſt, and forms a ſmall part of the partition of the noſtrils.

The

(*t*) Albin. de oſſib. § 79.

(*u*) φατνια.

The *depreſſions* in each maxillary bone are, 1. A ſinuoſity behind the orbitar proceſs, made by the temporal muſcle. 2. A pit immediately before the ſame proceſs, where the origin of the muſculus elevator labiorum communis, and elevator labii ſuperioris, with a branch of the fifth pair of nerves, are lodged ſecurely. 3. The hollow arch of the palate. 4. The ſemicircular great notch, or entry to the lower part of the noſtrils, betwixt the root of the naſal proceſs and ſpine of the palate plate.—Below this, the fore-part of the bone is flatted, or ſometimes hollowed, by the muſculus depreſſor labii ſuperioris. 5. Sockets for the teeth (*x*): The number of theſe ſockets is uncertain; for the ſame number of teeth is not in all people, and the four backmoſt teeth of each ſide of each jaw vary greatly in their number of roots; and when the teeth of a living perſon fall out or are taken away, the ſockets fill up with an oſſeous net-work, which becomes ſolid afterwards. 6. The lacrymal foſſa in the naſal proceſs, which aſſiſts the os unguis to form a paſſage for the lacrymal duct. The part of the bone forming this foſſa is ſo firm and ſtrong, that a ſurgeon ſcarce can perforate it with the ordinary inſtruments for the fiſtula lacrymalis; and therefore ought to avoid it in doing this operation.——Immediately on the outſide of this, there is a ſmall depreſſion, from which the inferior or leſſer oblique muſcle of the eye has its origin (*y*). 7. The canal on the upper part of the great tuberoſity within the orbit, which is almoſt a complete hole; in this a branch of the ſuperior maxillary nerve paſſes. Beſides theſe, the ſuperior ſurface of the great bulge is concave, to receive the under part of the eye. Immediately above the tranſverſe ridge in the naſal proceſs, a ſmall hollow is formed by the os ſpongioſum. In ſome ſubjects, the naſal proceſs has a ſmall round pit above the lacrymal duct, where

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(*x*) Βοθρια, ολμισκοι, Alveoli, foſſulæ, mortariola, fræna, locelli, cavæ, pralſepiola, loculamenta.

(*y*) Winſlow, Expoſition anatomique des os ſecs, § 276.

the little tendon or ligament of the orbicular muſcle of the eye-lids is inſerted. It is this tendon, and not the tendon of the larger oblique muſcle of the eye, which there is ſome hazard of cutting in the operation of the fiſtula lacrymalis.

The *holes* of this bone are two proper and two common, which are always to be found; beſides ſeveral others, whoſe magnitude, number, &c. are uncertain. The firſt of the proper is the external orbitar, immediately below the orbit, by which the infra-orbitar branch of the ſecond branch of the fifth pair of nerves, and a ſmall artery, come out, after having paſſed in the canal, at the botom of the orbit, deſcribed numb. 7. of the depreſſions. This hole is often double, and that when the nerve has happened to ſplit before it has eſcaped from the bone. The ſecond is the foramen inciſivum, juſt behind the fore-teeth; which, at its under part, is one irregular hole common to both the maxillary bones when they are joined; but, as it aſcends, ſoon divides into two, three, or ſometimes more holes; ſome of which open into each noſtril. Through them ſmall arteries and veins, and a twig of the ſecond branch of the fifth pair of nerves, paſs, and make a communication between, or join the lining coats of the noſe and mouth. In ſome ſubjects, Steno's duct may be traced ſome way on the ſide of theſe paſſages next to the noſe, and ſmall orifices may be obſerved opening into the mouth.

The firſt common hole is that which appears at the inner ſide of the back-part of the tuberoſity and of the ſockets of the teeth; and is formed by a foſſa in this bone, and a correſponding one in the os palati: through it a nerve, which is a branch of the ſecond branch of the fifth pair, runs to the palate. The other common hole is the great ſlit in the outſide of the orbit, deſcribed already as the ſecond common hole of the ſphenoid bone.

On the naſal proceſs often holes may be obſerved for the paſſage of veſſels to the ſubſtance of the bones; and, at the back-part of each tuberoſity, ſeveral foramina are placed, for the tranſmiſſion of nerves to the cavity within: but theſe are uncertain.

All the *body* of the maxillary bone is hollow, and leaves a large *ſinus* a-kin to the frontal and ſphenoid, which is commonly, but unjuſtly, called *antrum Highmorianum* (z). When the os maxillare is ſingle, or ſeparated from all the other bones of a ſkeleton, its antrum appears to have a large aperture into the noſtrils; but, in a recent ſubject, it is ſo covered at its back-part by the palate bone, in the middle by the os ſpongioſum inferius, before by a ſtrong membrane, that one or ſometimes two holes, ſcarce larger than a crow-quill, are only left at the upper part; which, after a ſhort winding progreſs, open into the noſtrils between the two oſſa ſpongioſa.—At the bottom of this cavity, we may often obſerve ſome protuberances, in which the ſmall points of the roots of the teeth are contained (a).——This cavern and the ſockets of the teeth are often divided by the interpoſition only of a very thin bony plate, which is liable to be eroded by acrid matter collected in the antrum, or to be broke in drawing a tooth (b). The ſymptoms of a collection of matter here naturally led us to the practice of pulling out the teeth, and piercing through this plate into the antrum, to procure an evacuation of the collected matter; by which conſiderable ſervice is frequently done (c).

The maxillary ſinuſes have the ſame *uſes* as the frontal and ſphenoidal; and the ſituation of the ſinuſes is ſuch, that the liquor drilling from them, from the cells of the ethmoid and palate bones, and from the lacrymal ducts, may always moiſten all the parts of the membrane of the nares in the different ſituations which the head is in.

(z) Genæ.

(a) Highmore, Diſquiſ. Anat. lib. 3. part. 2. cap. 1.

(b) Highmore, ibid.

(c) Cowper in Drake's Anthropol. book 3. chap. 10.—Medical Eſſays and Obſerv. vol. 5. art. 30.

Though the membranes which line the frontal, ſphenoidal, and maxillary ſinuſes, are continuations of the one which covers the bones within the noſe; yet they are much thinner than it is, and have ſo much ſmaller veſſels, that the injection which makes the membrane of the noſe red all over, fills only ſome few veſſels of the maxillary ſinuſes, and ſcarce is obſerved in the frontal and ſphenoidal. Are not the larger veſſels intended for a more plentiful ſecretion of a viſcid liquor to defend the membrane from the effects of the perflatus, which is conſtantly through the noſe? Are not the membranes which have the ſmalleſt veſſels, *cæteris paribus*, the moſt ſenſible? Are not many phænomena of ſmelling, inflammations of theſe parts, megrim, polypi, &c. depending on this ſtructure of theſe membranes?

The *ſubſtance* of the oſſa maxillaria is compact and firm, except at the inferior proceſſes, in which the teeth are lodged, where it is very ſpongy.

The maxillary bones are *joined*, above, by the upper ends of their naſal proceſſes to the os frontis, by the tranſverſe ſuture;—at the ſides of theſe proceſſes, to the oſſa unguis, by the lacrymal ſutures;—to the naſal bones, by the lateral naſal ſutures;—by their orbitar proceſſes, to the cheek-bones, by the external orbitar ſutures;—by the internal ſides of the internal orbitar proceſſes, to the oſſa plana, by part of the ethmoidal ſuture;——by the back-part of the tuberoſities, to the palate-bones, by the ſuturæ palato-maxillares;——by the poſterior edges of their palatine lamellæ, to the oſſa palati, by the tranſverſe palate ſuture;——by their naſal ſpines, to the vomer, by the ſpinous ſuture;—by their ſockets, to the teeth, by gomphoſis;——by the internal edge of the palate-plate, to one another, by the longitudinal palate ſuture, on the upper and fore-part of which a furrow is left for receiving the cartilage which forms the partition of the noſtrils;——between the fore-part of the noſtrils and mouth, to each other, by the myſtachial ſuture:—ſometimes they are connected to the oſſa ſpongioſa inferiora, by a plain concretion or union of ſubſtance.

Theſe bones form the greater part of the noſe and of the roof of the mouth, and a conſiderable ſhare of the orbit. They contain ſixteen teeth, give riſe to muſcles, tranſmiſſion to nerves, &c. as mentioned in the deſcription of their ſeveral parts.

In each of the maxillary bones of a new-born child, the external orbitar proceſs is hollow, with remarkable holes in it; ——there are five ſockets for the teeth, of which the two poſterior are very large, and, when divided by a ſecond croſs partition, make the number of ſockets ſix (*d*). The palate-plate is cribriform about the middle. The great tuberoſity is not formed;—inſtead of the antrum, there is only an oblong depreſſion at the ſide of the noſtrils.

OSSA PALATI.

Ossa palati are commonly deſcribed as two ſmall ſquare bones, at the back-part of the palate or roof of the mouth, though they are of much greater extent, being continued up the back-part of the noſtrils to the orbit (*e*). Each palate-bone may therefore be divided into four parts, the palate ſquare-bone, the pterygoid proceſs, naſal lamella, and orbitar proceſs.

The *ſquare-bone* is unequally concave, for enlarging both the mouth and cavity of the noſe. The upper part of its internal edge riſes in a ſpine, after the ſame manner as the palate-plate of the maxillary bone does, to be joined with the vomer. Its anterior edge is unequally ragged, for its firmer connection with the palate-proceſs of the os maxillare. The internal edge is thicker than the reſt, and of an equal ſurface, for its conjunction with its

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(*d*) Albin. Oſteogen. tab. 5. fig. 45.——Ungebav. de dentit. ſecund. jun. § 1.

(*e*) Euſtach. tab. 47. fig. 1, 3, 6, 7, 8.———Vidus Vidius, de Anat. lib. 2. cap. 2. explicat. tab. 6. fig. 19.——Winſlow, Memoires de l'acad. des ſciences, 1720.

its fellow of the other ſide. Behind, this bone is ſomewhat in form of a creſcent and thick, for the firm connection of the velum pendulum palati; the internal point being produced backwards, to afford origin to the palato-ſtaphylinus or azygos muſcle. This ſquare bone is well diſtinguiſhed from the pterygoid proceſs by a perpendicular foſſa, which, applied to ſuch another in the maxillary bone, forms a paſſage for the palatine branch of the fifth pair of nerves; and by another ſmall hole behind this, through which a twig of the ſame nerve paſſes.

The *pterygoid proceſs* is ſomewhat triangular, having a broad baſe, and ending ſmaller above. The back-part of this proceſs has three foſſæ formed in it; the two lateral receive the ends of the two plates of the ſphenoid bone, that are commonly compared to a bat's wing; the middle foſſa makes up a part of what is commonly called the *foſſa pterygoidea*; the fore-ſide of this palatine pterygoid proceſs is an irregular concave, where it receives the back-part of the great tuberoſity of the maxillary bone. Frequently ſeveral ſmall holes may be obſerved in this triangular proceſs, particularly one near the middle of its baſe, which a little above communicates with the common and proper holes of this bone already taken notice of.

The *naſal lamella* of this bone is extremely thin and brittle, and riſes upwards from the upper ſide of the external edge of the ſquare bone, and from the narrow extremity of the pterygoid proceſs; where it is ſo weak, and at the ſame time ſo firmly fixed to the maxillary bone, as to be very liable to be broken in ſeparating the bones. From the part where the plate riſes, it runs up broad on the inſide of the tuberoſity of the maxillary bone, to form a conſiderable ſhare of the ſides of the maxillary ſinus, and to cloſe up the ſpace between the ſphenoid and the great bulge of the maxillary bone, where there would otherwiſe be a large ſlit opening into the noſtrils (*f*). From the middle internal ſide of this

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(*f*) Albin. de oſſib. § 88.

this thin plate, a croſs ridge, placed on ſuch another of the maxillary bone, is extended; on it the back-part of the os ſpongioſum inferius reſts. Along the outſide of this plate, the perpendicular foſſa made by the palate-nerve is obſervable.

At the upper part of this naſal plate, the palate-bone divides into *two proceſſes*, which I already named *orbitar*;—between which and the body of the ſphenoid bone, that hole is formed which I mentioned as the laſt of the holes common to the ſphenoid bone. Sometimes this hole is wholly formed in the os palati, by a croſs plate going from the one orbitar proceſs to the other. A nerve, artery, and vein, belonging to the noſtrils, paſs here.—The anterior of the two orbitar proceſſes is the largeſt, and has its fore-part contiguous to the back-part of the maxillary ſinus, and its upper ſurface appears in the bottom of the orbit, behind the back-part of the os maxillare and planum. It has cells behind, reſembling thoſe of the ethmoid bone, to which it is contiguous; it is placed on the aperture of the ſinus ſphenoidalis, ſo as to leave only a round hole at its upper fore-part.—The other part of the orbitar proceſs is extended along the internal ſide of the upper back-part of the maxillary tuberoſity, to the baſe of the ſphenoid bone, between the root of the proceſſus azygos and the pterygoid proceſs.

The palate ſquare part of this plate-bone, and its pterygoid proceſs, are firm and ſtrong, with ſome cancelli; but the naſal-plate and orbitar proceſſes are very thin and brittle.

The palate-bones are *joined* to the maxillary, by the fore-edge of the palate ſquare bone, by the tranſverſe palate ſuture:——By their thin naſal plates, and part of their orbitar proceſſes, to the ſame bones, by the palato-maxillares ſutures:—By their pterygoid proceſſes, and back-part of the naſal plates, to the alæ veſpertilionum, by the ſphenoid ſuture:——By the tranſverſe ridges of the naſal palates, to the oſſa ſpongioſa inferiora, by contact;

tact; hence frequently there is an intimate union of the ſubſtance of theſe bones in old ſkulls:——By the orbitar proceſſes, to the oſſa plana and cellulæ ethmoideæ, by the ethmoid future: ——To the body of the ſphenoid bone, by the ſphenoid future:——By the internal edge of the ſquare bones, to each other by the longitudinal palate future; and by their naſal ſpines, to the vomer, by the ſpinous future.

The palate-bones form part of the palate, noſtrils, orbits, and foſſæ pterygoideæ; and they cover part of the ſinus maxillares, ſphenoidales, and ethmoidei.

Theſe bones are very complete in a new-born infant, the naſal plates being then thicker and ſtronger than in adults; but the orbitar proceſſes have not the cells which appear in the bones of adults.

When we are acquainted with the hiſtory of theſe bones, the reaſon is evident, why the eyes are ſo much affected in ulcers of the palate, as to be often attended with blindneſs, which frequently happens in an ill-managed lues venerea; or why, on the other hand, the palate ſuffers from an ægylops (*g*).

OSSA TURBINATA.

Ossa turbinata, or *ſpongioſa inferiora*, reſemble the ſuperior oſſa ſpongioſa in ſhape and ſubſtance, but have their anterior and upper edges contiguous to the tranſverſe ridges of the naſal proceſſes of the maxillary and palate-bones.——From their upper ſtraight edge, two ſmall proceſſes ſtand out: The poſterior, which is the broadeſt, deſcends to cover ſome of the antrum Highmorianum; the anterior riſes up to join the os unguis, and to make part of the lacrymal duct.

Below the ſpongy bones already mentioned, there are ſometimes two others, one in each noſtril, which ſeem to be a production of the ſides of the maxillary ſinus turned downwards (*h*). When this third ſort of ſpongy

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(*g*) Hoffman. in Ephemerid. Germ. cent. 1. and 2. obſ. 135.

(*h*) Cowper in Drake's Anthropolog. book 3. chap. 10.

ſpongy bones is found, the middle one of the three in each noſtril is the largeſt, and the loweſt is the ſmalleſt. ——Beſides all theſe, there are often ſeveral other ſmall bones ſtanding out into the noſtrils, that, from their ſhape, might alſo deſerve the name of *turbinata*; but are uncertain in their bulk, ſituation, and number (*i*).

The names of theſe bones ſufficiently declare their ſpongy *ſubſtance*, which has no firm external plate covering it.

They are *joined* to the oſſa maxillaria, palati, and unguis, in all ſubjects, by a firm union of ſubſtance; and as this happens alſo frequently in people of no great age, ſome (*k*) are of opinion, that they ſhould be eſteemed part of the palate-bones; others (*l*) think, that ſince their upper edge is continued by a plate to a part of the os ethmoides, they ought to be eſteemed to be a part of this bone.

Their *uſe* is, to ſtraiten the noſtrils, to afford a large ſurface for extending the organ of ſmelling, to cover part of the antra maxillaria, and to aſſiſt in forming the under part of the lacrymal ducts, the orifices of which into the noſe are concealed by theſe bones.

The oſſa turbinata are nearly complete in a newborn infant.

VOMER.

VOMER, or bone reſembling a plough-ſhare, is the thirteenth of the upper jaw, without a fellow, forming the lower and back parts of the partition of the noſe (*m*).

The figure of this bone is an irregular rhomboid. Its ſides are flat and ſmooth. Its poſterior edge appears in

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(*i*) Santorin. Obſervat. Anatomicæ, cap. 5. ſect. 9.

(*k*) Id. ibid. cap. § 5, 7.

(*l*) Hunauld. in Memoires de l'acad. des ſciences, 1730.

(*m*) Columb. de re anat. lib. 1. cap. 8.——Fallop. Obſervat. Anatom.

in an oblique direction at the back-part of the noſtrils. The upper one is firmly united to the baſe of the ſphenoid bone, and to the naſal plate of the ethmoid; and, when it can be got ſeparated, is hollow for receiving the proceſſus azygos of the ſphenoid. The anterior edge has a long furrow in it, where the middle cartilage of the noſe enters. The lower edge is firmly united to the naſal ſpines of the maxillary and palate bones. Theſe edges of this bone are much thicker than its middle, which is as thin as the thinneſt paper; by which, and the firm union or connection this bone has above and below, it can very ſeldom be ſeparated entire in adults: but in a child it is much more eaſily ſeparated entire, and its ſtructure is more diſtinctly ſeen; wherefore I ſhall examine all its parts in ſuch a ſubject.

Its ſituation is not always perpendicular, but often inclined and bended to one ſide, as well as the naſal plate of the ethmoid bone.

The vomer is convex at its upper part; and then is ſtraight, as it is extended downwards and forwards, where it is compoſed of two plates; the edges of which have a great number of ſmall proceſſes, diſpoſed ſomewhat like the teeth of a ſaw, but more irregularly, and ſeveral of them are reflected back. Between theſe plates a deep foſſa is left, which, ſo far as the top of the curvature, is wide, and has ſtrong ſides, for receiving the proceſſus azygos of the ſphenoid bone. Beyond the arch forwards, the foſſa is narrower and ſhallower gradually to the point of the bone, receiving for ſome way the naſal lamella ethmoidea; which, after the oſſification is complete, is ſo cloſely united to the vomer by the little proceſſes piercing into its ſubſtance, as to prevent any ſeparation: on which account it has been eſteemed by ſome (*n*) a part of the ethmoid bone. The middle cartilage of the noſe fills up what remains of the foſſa at its fore-part. The poſterior edge of the vomer,

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(*n*) Lieutaud. Eſſais anatomiques, ſect. 1. l'os ethmoide.

vomer, which appears above the back-part of the palate-bones, is broader above; but as it deſcends forwards, becomes thinner, though it is ſtill ſolid and firm. The lower edge of this bone, which reſts on the naſal ſpine of the palate and maxillary bones, has a little furrow on each ſide of a ſmall middle ridge, anſwering to the ſpines of the bones of different ſides, and the interſtices between them. This edge and the upper one meet in the pointed fore-end of this bone.

The body of the vomer has a ſmooth ſurface, and ſolid, but thin *ſubſtance*; and towards its ſides, where it is thickeſt, ſome cancelli may be obſerved when the bone is broken.

It is *joined* above to the ſphenoid and ethmoid bones, and to the middle cartilage of the noſe by ſchindyleſis; below, to the maxillary and palate bones by the ſpinous ſuture.

The vomer divides the noſtrils; enlarges the organ of ſmelling, by allowing place for expanding the membrane of the noſe on its ſides; and ſuſtains the palate-plates of the maxillary and palate bones, which otherwiſe might be in hazard of being preſſed into the noſtrils; while the vomer is ſecured from ſhuffling to one ſide or other by the double ſchindyleſis, by which it is joined to the bones above and below.

THESE, then, are all the bones which compoſe the *upper jaw*, except the *teeth*, which are ſo much akin to thoſe of the lower jaw, that I chooſe to make one deſcription ſerve for both, in which the differences obſervable in them ſhall be remarked, after the ſecond part of the face, the *lower jaw*, is examined; becauſe the ſtructure of the teeth cannot be well underſtood, until the caſe in which they are ſet is explained.

MAXILLA INFERIOR.

MAXILLA INFERIOR (*o*), the lower jaw, conſiſts only

(*o*) Γενυς, σιαγων, Mandibula, facies.

only of one moveable bone, and ſixteen teeth incaſed into it.

This bone, which is ſomewhat of the figure of the Greek letter υ, is ſituated at the lower part of the face, ſo as its convex middle part is forwards, and its legs are ſtretched back. It is commonly divided into the chin, ſides, and proceſſes.——The *chin* is the middle fore-part; the extent of which to each ſide is marked on the external ſurface by the holes obſervable there, and internally by the beginning of an oblique ridge. Beyond theſe the *ſides* appear; and are continued till the bone, by bending upwards, begins to form the *proceſſes*.

On the fore-part of the *chin*, a tranſverſe ridge appears in the middle; on each ſide of which the muſculi quadrati, or depreſſores labii inferioris, and the levatores labii inferioris, depreſs the bone: And below theſe prints a ſmall riſing may be obſerved, where the depreſſores commence. On the back-part of the chin, ſometimes three, always two, ſmall protuberances appear in the middle. To the uppermoſt, when it is ſeen, the frænum of the tongue is connected. From the middle one, the muſculi genioglоſſi riſe; and from the loweſt, the geniohyoidei have their origin. Below the laſt, we ſee two rough ſinuoſities formed by the digaſtric muſcles.

At the lower and fore part of the external ſurface of each *ſide* of the lower jaw, a ſmall eminence may be obſerved, where the depreſſor labiorum communis riſes. Near the upper edge of the ſide a ridge runs lengthwiſe, to which the under-part of the muſculus buccinator is connected.——Internally, towards the upper edge of each ſide, another ridge appears, from which the mylohyoidei have their origin, and to which the internal membrane of the gums adheres.

In the upper edge of both *chin* and *ſides*, are a great may deep pits or ſockets, for receiving the roots of the teeth. The number and magnitude of theſe ſockets are various, becauſe of the different number, as well of the teeth themſelves, as of their roots, in different people. Theſe ſockets in this lower jaw, as well as in the upper one, are leſs deep as old age comes on: when freed from the teeth by any means, they are ſome time after filled up with an oſſeous net-work, which at laſt becomes entirely ſolid, and as ſmooth as any other part of the bone; ſo that, in a great many old jaws, one cannot obſerve a veſtige of the ſockets: but then the jaw becomes leſs and much narrower (*p*.) Hence we may know why the chin and noſe of edentulous people are much nearer than before the teeth were loſt; while their lips either fall in towards the mouth, or ſtand prominent forwards.——When new teeth are protruded, new ſockets are formed (*q*). The lower edge of the chin and ſides is ſmooth and equal, and is commonly called the baſe of the lower jaw. The ends of the baſe, where the jaw turns upwards, are called its angles; the external ſurface of each of which has ſeveral inequalities upon it, where the maſſeter muſcle is inſerted; as the internal ſurface alſo has, where the pterygoideus internus is inſerted, and a ligament extended from the ſtyloid proceſs of the temporal bone is fixed.

The *proceſſes* are two on each ſide.——The anterior ſharp thin coronoid ones have the crotaphite muſcles inſerted into them. The poſterior proceſſes or condyles (*r*) terminate in an oblong ſmooth head, ſupported by a cervix. The heads, whoſe greateſt ſtrength is tranſverſe, and whoſe convexity is turned forwards, are tipped with a cartilage, as the articulated parts of all other moved bones are. The fore-part of the root and neck of theſe condyloid proceſſes are a little hollow and rough where the external pterygoid muſcles are inſerted.

The *holes* of the lower jaw are two on each ſide; one at the root of the proceſſes internally, where a large branch

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(*p*) Veſal. Anat. lib. 1. cap. 10.

(*q*) Fallop. Obſerv. Anat.

(*r*) Articulatorii.

branch of the third branch of the fifth pair of nerves enters with an artery, and a vein returns. A ſmall ſharp proceſs frequently juts out backwards from the edge at the fore-part of this hole, to which a ligament extended from the temporal bone is fixed (*s*), which ſaves the nerve and veſſels from being too much preſſed by the pterygoid muſcles.——From the lower ſide of this hole, either a ſmall ſuperficial canal or a furrow deſcends, where a branch of the nerve is lodged, in its way to the mylo-hyoideus muſcle and ſublingual gland (*t*). The other hole is external, at the confines of the chin, where branches of the nerve and veſſels come out. The canal betwixt theſe two holes is formed in the middle of the ſubſtance of the bone, and is pierced by a great number of ſmall holes, by which the nerves and blood-veſſels of the cancelli and teeth paſs. This canal is continued a little further than the external hole at the chin.—On account of the veſſels and nerves in the lower jaw, fractures of it may be attended with dangerous ſymptoms.

The *ſurface* of the lower jaw is hard and firm, except at the ſpongy ſockets, where, however, it is ſtronger than the upper jaw. Its internal *ſubſtance* is cellular, without any ſolid partition between the cancelli in its middle. At the baſe, eſpecially of the chin, where this bone is moſt expoſed to injuries, the ſolid ſides of it are thick, compact, and hard.

The lower jaw generally receives the roots of ſixteen teeth into its ſockets, by *gomphoſis*; and its condyloid proceſſes, covered with cartilage, are articulated with the temporal bones, in a manner that is not commonly deſcribed right: for, as was already mentioned in the deſcription of the temporal bones, not only the fore-part of the cavity between the zygomatic, auditory, and vaginal proceſſes, but alſo the adjoining tubercle at the root of the zygomatic proceſs of each os temporum,

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(*s*) Weitbrecht. Syndeſmolog. fig. 32. 1.
(*t*) Palfyn. Anat.-chirur. traité 5. chap. 6.

rum, is covered with a ſmooth cartilage for this articulation. Here alſo an intermediate moveable cartilage is placed; which being thin in the middle, and thick at the edges, is concave on both ſides; and is connected ſo firmly by ligaments to each condyle, as to follow the motions of the condyle; and ſo looſely to the temporal bone, as readily to change its ſituation from the cavity to the tubercle, and to return again; while the common ligament of the articulation affords ſpace enough for ſuch a change of place backwards and forwards; but, like other ligaments of the joints by ginglimus, is ſtrong and ſhort at the ſides, to confine the lateral motions.

When, therefore, the teeth of both jaws coincide, the condyles are lodged ſecurely in the temporal cavities; but their motions to either ſide muſt be confined both by the firmneſs of the ligaments, and the riſing brims which are on each ſide of the cavities.——When the jaw is brought directly forwards, the condyle and intermediate cartilages deſcend and advance forwards upon the tubercles.—In this ſituation, the lateral motions are a little more free than in the former one, from the want of riſing brims to ſtop the condyles.—When the fore-teeth of the lower jaw are moved forwards and to a ſide, the condyle of the oppoſite ſide is either advanced from the cavity to the tubercle, while the condyle of the ſame ſide remains in the cavity; or if both condyles are on the tubercles, when the jaw is moved obliquely to a ſide, the condyle of the ſide to which the motion is made ſlides back from the tubercle to the cavity.——When the mouth is opened by the deſcent of the lower jaw, the fore-part of it, where the depreſſing muſcles are fixed, is drawn backwards, as well as downwards, while reſiſtance is made to the angles moving backwards by the maſſeter and internal pterygoid muſcles, and at the ſame time the external pterygoid draw the condyles and their moveable cartilages forwards; and therefore, when the mouth is opened, the condyles are carried forwards upon the tubercles, and the axis of motion of the bone is a little above its angles. But in this ſituation there is leſs reſiſtance, than in any other, to the condyles luxating forwards: a diſeaſe which ſeldom happens, except when people are gaping too wide; and therefore the common practice of nurſes, who ſupport the jaw of infants when they are yawning, is reaſonable.—In chewing, there is a ſucceſſion of the motions above deſcribed (*u*).

Here a general remark may be made, That whereever moveable cartilages are found in joints, either the articulated bones are of ſuch a figure, or ſo joined and fixed by their ligaments, that little motion would be allowed without ſuch cartilages; or elſe ſome motions are neceſſary to the right uſe of the member, which the form of the articulation would not otherwiſe admit of. This will more fully appear after the other joints with ſuch cartilages are deſcribed.

In a child born to the full time, the lower jaw is compoſed of two bones, connected by a thin cartilage in the middle of the chin, which gradually oſſifies, and the two bones intimately unite.——In each of theſe bones there are five or ſix ſockets for teeth, as in the upper jaw.

After I have thus deſcribed the incaſement of the teeth; the inſertion of ſo many muſcles of the tongue, and of the os hyoides; the connection of the membrane of the tongue to the maxillary bone, and the motions of this bone; it is eaſy to ſee, that the lower jaw muſt be a principal inſtrument in manducation, deglutition, and ſpeech.

THE TEETH.

The teeth are the hard white bodies placed in the ſockets

(*u*) For a more full account of this articulation, vid. Edinburgh Medical Eſſays and Obſerv. vol. 1. art. 11. and vol. 3. art. 13 — Memoires de l'acad. des ſciences, 1744.

ſockets of both jaws. Their number is generally ſixteen above, and as many below; though ſome people have more, others have fewer.

The broad thick part of each tooth which appears without the ſocket, is the *baſe* or body (*x*).—The ſmaller proceſſes ſunk into the maxillæ, are the *roots* or *fangs*; which become gradually ſmaller towards the end fartheſt from the baſe, or are nearly conical; by which the ſurface of their ſides divides the preſſure made on the baſes, to prevent the ſoft parts, which are at the ſmall points of the ſockets, to be hurt by ſuch preſſure. At the place where the baſe ends and the roots begin, there is generally a ſmall circular depreſſion, which ſome call the *neck* or *collar*.

Without the gums the teeth are covered with no membrane, and they are ſaid to have no proper perioſteum within the ſockets; but that is ſupplied by the reflected membrane of the gums, which, after a good injection, may be evidently ſeen in a young ſubject, with the veſſels from it penetrating into the ſubſtance of the teeth; and it may be diſcovered in any tooth recently pulled, by macerating it in water (*y*). The adheſion of this membrane to theſe roots is ſtrengthened by the ſmall furrows obſervable on them.

Each tooth is compoſed of its *cortex* or enamel, and an internal *bony* ſubſtance. The *cortex* has no cavity or place for marrow; and is ſo ſolid and hard, that ſaws or files can with difficulty make impreſſion on it. It is thickeſt upon the baſe, and gradually, as the roots turn ſmaller, becomes thinner, but not proportionally to the difference of the ſize of the baſe and roots.——The fibres of this enamel are all perpendicular to the internal ſubſtance; and are ſtraight on the baſe, but at the ſides are arched with a convex part towards the roots (*z*); which makes the teeth reſiſt the compreſſion

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(*x*) Corona.

(*y*) Cowper. Anatom. explicat. tab. 92. fig. 7. lit. E.

(*z*) Havers Oſteolog. Nov. diſc. 1.

of any hard body between the jaws, with leſs danger of breaking theſe fibres than if they had been ſituated tranſverſely. The ſpongy ſockets in which the teeth are placed, likewiſe ſerve better to prevent ſuch an injury than a more ſolid baſe would have done.—Notwithſtanding the great hardneſs of this cortex, it is waſted by manducation. Hence the ſharp edges of ſome teeth are blunted and made broad, while the rough ſurfaces of others are made ſmooth and flat, as people advance in life.

The *bony part* of the teeth has its fibres running ſtraight, according to the length of the teeth. When it is expoſed to the air, by the breaking or falling off of the hard cortex, it ſoon corrupts. And thence carious teeth are often all hollow within, when a very ſmall hole appears only externally.

The teeth have *canals* formed in their middle, wherein their nerves and blood-veſſels are lodged: which they certainly need, being conſtantly waſted by the attrition they are ſubjected to in manducation; and for their further growth, not only after they firſt appear, but even in adults; as is evident when a tooth is taken out: for then the oppoſite one becomes longer, and thoſe on each ſide of the empty ſocket turn boader; ſo that when the jaws are brought together, it is ſcarce obſervable where the tooth is wanting (*a*).

The veſſels are eaſily traced ſo long as they are in the large canal, but can ſcarce be obſerved in their diſtribution from that to the ſubſtance of the teeth of adults. Ruyſch (*b*) however affirms, that after injection he could trace the arteries into the hardeſt part of the teeth: And Leeuwenhoek (*c*) ſuſpected the fibres of the cortex to be veſſels. In children I have frequently injected the veſſels of the teeth as far as their baſe: and in ſuch as are not entirely oſſified, one can with a lucky injection

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(*a*) Ingraſ. de tumor. cap. 1. p. 24, 25, 26.

(*b*) Theſaur. 10. num. 27.

(*c*) Arcan Natur. continuat. epiſt. p. 3.

tion fill ſo many veſſels, as to make both the outſide and inſide of the cortical part appear perfectly red.—— This plentiful ſupply of veſſels muſt expoſe the teeth to the ſame diſorders that attack other vaſcular parts; and ſuch teeth as have the greateſt number of veſſels muſt have the moſt numerous chances of being ſeized with theſe diſeaſes.

Every root of each tooth has ſuch a diſtinct canal, with veſſels and nerves in it. Theſe canals in the teeth with more than one root, come nearer each other as they approach the baſe of the tooth; and at laſt are only ſeparted by very thin plates, which being generally incomplete, allow a communication of all the canals; and frequently one common cavity only appears within the baſe, in which a pulpy ſubſtance compoſed of nerves and veſſels is lodged. The condition therefore of the nerves here bears a ſtrong analogy to that of the cutaneous nerves which ſerve for the ſenſation of touching.

The entry of the canals for theſe veſſels is a ſmall hole placed a little to a ſide of the extreme point of each root; ſometimes, eſpecially in old people, this hole is entirely cloſed up, and conſequently the nerves and blood-veſſels are deſtroyed (*d*).

The teeth are ſeen for a conſiderable time in form of mucus contained in a membrane; afterwards a thin cortical plate and ſome few oſſeous layers appear within the membrane, with a large cavity filled with mucus in the middle; and gradually this exterior ſhell turns thicker, the cavity decreaſes, the quantity of mucus is leſſened, and this induration proceeds till all the body is formed; from which the roots are afterwards produced.

In young ſubjects, different ſtamina or rudiments of teeth are to be obſerved. Thoſe next the gums hinder ordinarily the deeper ſeated ones from making their way out, while theſe prevent the former from ſending

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(*d*) De la Hire, Hiſtoire de l'acad. des ſciences, 1699.

out roots, or from entering deep into the bony ſockets of the jaws; by which they come to be leſs fixed.

Children are ſeldom born with teeth; but at two years of age they have twenty; and their number does not increaſe till they are about ſeven years old, when the teeth that firſt made their way through the gums are thruſt out by others that have been formed deeper in the jaw, and ſome more of the teeth begin to diſcover themſelves farther back in the mouth. About fourteen years of age, ſome more of the firſt crop are ſhed, and the number is increaſed. This ſhedding of the teeth is of good uſe: for if the firſt had remained, they would have ſtood at a great diſtance one from another; becauſe the teeth are too hard in their outer cruſt to increaſe ſo faſt as the jaws do. Whereas, both the ſecond layer and the teeth that come out late, meeting, while they are ſoft, with a conſiderable reſiſtance to their growth in length from thoſe ſituated upon them, neceſſarily come out broad, and fit to make that cloſe guard to the mouth (*e*) which they now form.

The teeth are *joined* to the ſockets by *gomphoſis*, and the gums contribute to fix them there; as is evident by the teeth falling out when the gums are any way deſtroyed or made too ſpongy; as in the ſcurvy or ſalivations: whence ſome (*f*) claſs this articulation with the *ſyſſarcoſis*.

The *uſes* of the teeth are to maſticate our aliment, and to aſſiſt us in the pronunciation of ſeveral letters.

Though the teeth ſo far agree in their ſtructure, yet, becauſe of ſome things wherein they differ, they are generally divided into three claſſes, viz. *inciſores*, *canini*, and *molares*.

The Incisores (*g*) are the four fore-teeth in each jaw, receiving their name from their office of cutting our

(*e*) φραγμος. (*f*) Drake's Anthropolog. book 4. chap. 3.

(*g*) Γελασινοι, τομικοι, διχαστηρες, κτενες, τομεις, προσθιοι, οξεις, Riſorii, quaterii, primi, primores, anteriores, acuti.

our aliment; for which they are excellently adopted, being each formed into a ſharp-cutting edge at their baſe, by their fore-ſide turning inwards there, while they are ſlopped down and hollowed behind (*h*); ſo that they have the form of wedges, and therefore their power of acting muſt be conſiderably increaſed.——— Seeing, in the action of the inciſores, a perpendicular compreſſion is only neceſſary, without any lateral motion, they are not ſo firmly fixed in their ſockets as the other teeth are, each having only one ſhort root; but that is broader from before backwards, than to either ſide, to have the greateſt ſtrength where it is expoſed to the ſtrongeſt force applied to it (*i*).

The inciſores of the upper jaw, eſpecially the two middle ones (*k*), are broader and longer generally than thoſe of the under jaw.

In a new-born infant, only the outer ſhell of the body of theſe teeth is hardened.——Afterwards, when the ſtamina of two ſets are formed, each has its own ſocket, thoſe neareſt to the edge of the gums being placed more forward, and the others are lodged farther back within the jaw-bones.

CANINI (*l*), from the reſemblance to dogs tuſks, are one on each ſide of the inciſores in each jaw.——The two in the upper jaw are called *eye-teeth*, from the communication of nerves which is ſaid to be betwixt them and the eyes.——The two in the lower jaw are named *angular* or *wike-teeth*, becauſe they ſupport the angles of the mouth.

The canini are broader, longer, and ſtronger, than the inciſores.——Their baſes are formed into a ſharp edge, as the inciſores are; only that the edge riſes into a point in the middle. Each of them has generally but one long root, though ſometimes they have two (*m*). The

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(*h*) Ολμισκος.

(*i*) Lettre ſur l'oſteologie, aſcribed to Du Verney.

(*k*) Duales.

(*l*) Κυνοδοντες, Riſorii, fractorii, collaterales, collumellares.

(*m*) Fauchard, Chirurgien dentiſte, chap. 1.

The roots are crooked towards the end. The canini of the upper jaw are larger, longer, and with more crooked roots, than thoſe of the under jaw. The form of their baſe is fit both for piercing and cutting, and the long crooked root of each makes it ſecure in the ſocket.

The canini of a child are in much the ſame condition as the inciſores are.

The DENTES MOLARES, or GRINDERS (*n*), which have got their name becauſe they grind our food, are generally five in each ſide of each jaw; in all twenty. Their baſes are broader, more ſcabrous, and with a thinner cortical ſubſtance, than the other teeth. They have alſo more roots; and as theſe roots generally divaricate from each other, the partitions of the ſockets between them bear a large ſhare of the great preſſure they ſuffer, and hinder it from acting on their points (*o*).

The baſe of the firſt grinder has an edge pointed in the middle, on its outſide, reſembling the canini; from which it ſlopes inwards till it riſes again into a point.—It has generally but one root, which ſometimes is long and crooked at its point.

The ſecond dens molaris has two points on its baſe, riſing near equally on its out and inſide.——It has two roots, either ſeparate or run together, but ſhorter than the root of the firſt. Theſe two anterior grinders are much ſmaller than the three that are placed farther back in the mouth.

The third and fourth are very broad in their baſes, with four or five points ſtanding out; and they have three or more roots.

The fifth, called commonly *dens ſapientiæ* (*p*), from its coming through the gums later than the other grinders,

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(*n*) Μυλιται, γομφοι, μυλοι, πλατεις, φραστηρες, Maxillares, menſales, clavales, buccarum

(*o*) Lettre ſur l'oſteologie.

(*p*) Σωφρονιστηρες. κραντηρες, οψιγονοι, Senſus, intellectus, ſerotini, ætatem complentes, genuini, moderatores.

ders, has four points on its baſe, which is not ſo large as the baſe of the third and fourth, and its roots are leſs numerous.

The inciſores of the upper jaw, being broader than thoſe of the lower jaw, make the ſuperior grinders to be placed ſo much farther back than the lower ones, that, when they are brought together, by ſhutting the mouth, the points of the grinders of the one jaw enter into the depreſſions of the oppoſite grinders, and they are all equally applied to each other, notwithſtanding the inequality of their ſurface.

The numerous roots of the dentes molares prevent their looſening by the lateral preſſure they ſuffer in grinding; and as the ſockets in the upper jaw are more ſpongy, and the teeth are more liable, by their ſituation, to fall out (*q*), the grinders there have more numerous and more ſeparated roots than in the lower jaw (*r*). The number, however, of the roots of the teeth of both jaws is very uncertain; ſometimes they are more, ſometimes fewer: frequently ſeveral roots are joined together; at other times they are all diſtinct. The diſpoſition of ſuch as are diſtinct is alſo various; for in ſome the roots ſtand out ſtraight, in others they ſeparate, and in others again they are crooked inwards. When the roots are united, we can ſtill diſtinguiſh them, by remarking the number of ſmall holes at their points, which determine the number of roots each tooth ought to be reckoned to have.

At the time of birth, only two dentes molares in each jaw have begun to oſſify, and that at little more than the baſe, which has ſeveral ſharp points ſtanding out from it. The temporaneous grinders are placed more directly upon the internal ſet than the other two claſſes are: ſometimes there is a piece of the bone of the jaws be-

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(*q*) Galen. de oſſib. cap. 5.

(*r*) Fauchard. Chirurg.-dent. chap. 1.

between the two ſets; in other children, the two ſets have no bone interpoſed between them.

From what has been ſaid, the anſwers to the following queries may be given.

Why are children ſubject to ſalivation, fever, convulſion, vomiting, purging, &c. when their teeth are breeding or cutting the gums?

Why in children do the dentes inciſores firſt cut the gums, the canini next, and molares laſt?

Why do children ſhed their teeth?

Wherefore have theſe temporaneous teeth generally no roots, or very ſmall ones?

Why have theſe firſt teeth ſometimes roots, and that more frequently in teeth pulled by art than in thoſe which are ſhed by nature (*s*).

Why do theſe roots frequently come outwards thro' the gums?

Whence come butter or buck teeth?

How do theſe teeth ſometimes go into the natural row with the others, after pulling a rotten tooth near them?

How have ſome people got two rows of teeth in one or both jaws (*t*)?

Why do the teeth of old people looſen, and then drop out entire?

Whence ariſe the new ſets of teeth which ſeveral old people obtain (*u*)?

Why are not the gums of toothleſs old people torn by the hard ſockets in chewing?

Why are the teeth inſenſible when ſlightly filed or raſped?

How come they to be ſenſible of heat or cold, to be ſet on edge by acids, or to give an uneaſy ſenſation when gritty or ſandy ſubſtances are rubbed between them?

Why

(*s*) Fauchard. Chirurgien-dentiſte, p. 7.

(*t*) Blaſ. Comment. ad Veſling. Syntagm. cap. 1, 3.

(*u*) Hoffman. in Van. Horn. Microcoſm. p. 38.

Why does a perſon who has a pained tooth imagine it longer than any other?

What is the reaſon of ſome perſons dying convulſed, upon raſping or filing down an overgrown tooth (*x*).

How do the teeth break and moulder away without any pain in ſome people, and not in others?

What parts are affected in the tooth-ach?

What are the cauſes of the tooth-ach?

May worms be reckoned among theſe cauſes (*y*)?

Why are the dentes molares moſt ſubject to that diſeaſe?

In what different manners ought the ſeveral claſſes of teeth to be extracted when ſuch an operation is neceſſary?

Whence proceeds the violent obſtinate hemorrhagy which ſometimes attends the drawing of teeth (*z*)?

Why is it more difficult and dangerous to draw the eye-teeth than any other?

What makes it impoſſible frequently to draw grinders without bringing away part of the jaw-bone with them, or breaking the fangs?

Why do teeth ſoon replaced after being extracted become again fixed in the ſockets (*a*)?

ACCORDING to the diviſion made of the ſkeleton, we ſhould now proceed to the deſcription of the *trunk* of the body. But we muſt firſt conſider a bone which cannot well be ſaid to belong to either the head or the trunk; nor is it immediately joined to any other, and therefore is very ſeldom preſerved with ſkeletons. However, it

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(*x*) Bartholin. Anat. reformat. lib. 4. cap. 12.

(*y*) Jacob in Act. Hafn. vol. 5. obſ. 107.——Pechlin. Obſerv. Mediç. lib. 2. obſ. 36.—Bartholin. Hiſt. Medic. cent. 3. hiſt 96.

(*z*) Paré, livre 6. chap. 2.——Rolfinc. lib. 2. cap. 27. & 30.—Moebii Fundam. Medicin. cap 9.——Ephemerid. German. dec. 1. ann. 3. obſ. 319.——Fauchard. Chirurg.-dentiſte, tom. 1. chap. 23. obſerv 7.

(*a*) De la Motte Chirurgie, tom. 1. chap. 4. obſ. 2.—Fauchard. Chirurgien.-dentiſte, tom. 1. chap. 29.

it is generally deſcribed by authors after the bones of the face. In obedience, therefore, to the prevailing method, I ſhall next examine the ſtructure of the

OS HYOIDES.

THE os hyoides (*b*), is ſituated horizontally between the root of the tongue and the larynx. It is properly enough named *hyoides*, from the reſemblance it bears to the Greek letter υ; and may, for a clearer demonſtration of its ſtructure, be diſtinguiſhed into its *body*, *cornua*, and *appendices*.

The *body* is the middle broad part, convex before and hollow behind.——The convex fore-part is divided into two by a ridge, into the middle of which the mylo-hyoidei, and into the ſides the ſtylo-hyoidei, muſcles are inſerted.——Above the ridge, the bone is horizontal; but pitted in the middle by the inſertion of the two genio-hyoidei muſcles, and a little hollowed more laterally by the baſioglоſſi.——Below the ridge, it is convex; but a little flatted in the middle by the ſterno-hyoidei, and pitted more externally by the coraco-hyoidei.——The concavity behind faces backwards and downwards to receive the thyroid cartilage, when the larynx and the os hyoides are pulled towards each other by the action of the ſterno-hyoidei and hyothyroidei muſcles; and to its upper edge, the ligamentous membranes of the epiglottis, tongue, and thyroid cartilage, are fixed.

The *cornua* of the (*c*) os hyoides are ſtretched backwards from each ſide of its body, where often a ſmall furrow points out the former ſeparation; for in young ſubjects, the body and cornua are not one continued ſubſtance, as they come afterwards to be in adults.—Theſe cornua are not always ſtraight, nor of an equal length; their two plain ſurfaces ſtand obliquely ſloping from above

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(*b*) Hypſyloides, lambdoides, παρασατη, φαρυγγετερον. Os gutturis, os linguæ, os morſus Adami, aſſeſſor, os laude, bicorne.

(*c*) Crura, latera inferiora.

above outwards and downwards.—Into the external, the cerato-gloſſus is inſerted above, and the thyro-hyoideus muſcle below; and to the one behind, the ligamentous membrane of the tongue and larynx adheres. Each of the cornua becomes gradually ſmaller as it is extended from the baſe; but ends in a round tubercle, from which a moveable cartilage ſtands out, which is connected to the upper proceſs of the cartilago thyroidea.

Where the body of the os hyoides joins on each ſide with its cornua, a ſmall ſtyliform proceſs, called *appendix* (*d*), riſes upwards and backwards, into which the muſculi ſtylo-hyoidei alteri, and part of the hyo-gloſſi muſcles, are fixed. From each of them a ligament is ſometimes extended to the ſtyloid proceſſes of the temporal bones, to keep the os hyoides from being drawn too much forwards or downwards. The part of this ligament next to theſe proceſſes ſometimes forms into ſeveral cartilages, which afterwards oſſify in old people. Ruyſch (*e*) ſays, that he has ſeen this oſſification continued as far up as the ſtyloid proceſſes, which were therefore joined to the os hyoides by anchyloſis.

The *ſubſtance* of the os hyoides is cellular; but covered with a firm external plate, which is of ſufficient ſtrengh to bear the actions of ſo many muſcles as are inſerted into it.

It is not *articulated* with any bone of the body, except by means of the muſcles and ligaments mentioned.

The *uſe* of the os hyoides, is to ſerve as a ſolid lever for the muſcles to act with, in raiſing or depreſſing the tongue and larynx, or in enlarging and diminiſhing the capacity of the fauces.

At birth, this bone is in a cartilaginous ſtate; excepting a ſmall point of bone in the middle of its body, and in

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(*d*) Crura ſuperioria, latera ſuperiora, oſſa graniformia.

(*e*) Adverſ. Anat. dec. 3. § 9.

in each of the cornua.—The appendices frequently remain cartilaginous many years.

SECT. II. OF THE TRUNK.

THE TRUNK conſiſts of the *ſpine*, *pelvis*, and *thorax*.

§ I. *The* SPINE.

THE ſpine (*f*) is the long pile of bones extended from the condyles of the occiput to the end of the rump. It ſomewhat reſembles two unequal pyramids joined in a common baſe. It is not, however, ſtraight; for its upper part being drawn backwards by ſtrong muſcles, it gradually advances forwards, to ſupport the œſophagus, veſſels of the head, &c. Then it turns backwards, to make place enough for the heart and lungs. It is next bended forwards, to ſupport the viſcera of the abdomen. It afterwards turns backwards, for the enlargement of the pelvis. And, laſtly, it is reflected forwards, for ſuſtaining the loweſt great gut.

The ſpine is commonly divided into *true* and *falſe vertebræ;* the former conſtituting the long upper pyramid, which has its baſe below; while the falſe vertebræ make the ſhorter lower pyramid, whoſe baſe is above.

TRUE VERTEBRÆ.

THE true vertebræ (*g*) are the twenty-four upper bones of the ſpine, on which the ſeveral motions of the trunk of our bodies are performed; from which uſe they have juſtly got their name.

Each

(*f*) Ραχις νωτον ακανθα, ιερα συριγξ, σαλεν, Tergum hominis carina.

(*g*) Στροφεις στροφιγγες, Spondyli, oſſa orbiculata, oſſa vertebrata, verticula.

Each of theſe vertebræ is compoſed of its body and proceſſes.

The *body* is the thick ſpongy fore-part, which is convex before, concave backwards, horizontal and plain in moſt of them above and below.——Numerous ſmall holes, eſpecially on the fore and back part of their ſurface, give paſſage to their veſſels, and allow the ligaments to enter their ſubſtance.—The edges of the body of each vertebra are covered, eſpecially at the fore-part, with a ring of bone firmer and more ſolid than the ſubſtance of the body any where elſe. Theſe rings ſeem to be joined to the vertebræ in the form of epiphyſes, but are alleged by ſome (*h*) to be the ligaments oſſified. They are of great uſe in preventing the ſpongy bodies from being broken in the motions of the trunk.

Between the bodies of each two adjoining vertebræ, a ſubſtance between the nature of ligament and cartilage is interpoſed; which ſeems to conſiſt of concentrical curve fibres, when it is cut horizontally: but when it is divided perpendicularly, the fibres appear oblique and decuſſating each other (*i*)——The outer part of the intervertebral ligaments is the moſt ſolid and hard, and they gradually become ſofter till they are almoſt in the form of a glairy liquor in the centre; and therefore theſe ſubſtances were not improperly called mucous ligaments by the ancients (*k*). The external fibrous part of each is capable of being greatly extended, and of being compreſſed into a very ſmall ſpace, while the middle fluid part is incompreſſible, or nearly ſo; and the parts of this ligament between the circumference and centre approach in their properties to either, in proportion to their more ſolid or more fluid texture. The middle point is therefore a fulcrum or pivot, on which

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(*h*) Fallop. Obſervat. Anatom.

(*i*) Blancardi Anat. reform. cap. 32.—Weitbrecht, Syndeſmolog. ſect. 4. §. 15.

(*k*) Galen. de uſu part. lib. 12. cap. 16.

which the motion of a ball and ſocket may be made, with ſuch a gradual yielding of the ſubſtance of the ligament, in whichever direction our ſpines are moved, as ſaves the body from violent ſhocks, and their dangerous conſequences (*l*).——This ligamento-cartilaginous ſubſtance is firmly fixed to the horizontal ſurfaces of the bodies of the vertebræ, to connect them; in which it is aſſiſted by a ſtrong membranous ligament, which lines all their concave ſurface, and by ſtill a ſtronger ligament that covers all their anterior convex ſurface.

We may lay it down as a general rule, notwithſtanding ſome exceptions, That the bodies of the vertebræ are ſmaller, and more ſolid above; but, as they deſcend, they appear larger and more ſpongy; and that the cartilages between them are thick, and the ſurrounding ligaments ſtrong, in proportion to the largeneſs of the vertebræ, and to the quantity of motion they perform: by which diſpoſition, the greater weight is ſupported on the broadeſt beſt-ſecured baſe, and the middle of our body is allowed a large and ſecure motion.

From each ſide of the body of each vertebra, a bony bridge is produced backwards, and to a ſide: from the poſterior end of which one ſlanting *proceſs* riſes, and another deſcends; the ſmooth, and what is generally the flatteſt, ſide of each of theſe four proceſſes, which are called the *oblique* (*m*), is covered with a ſmooth cartilage; and the two lower ones of each vertebra are fitted to and articulated with the two upper or aſcending oblique proceſſes of the vertebra below, having their articular ligaments fixed into the rough line round their edges.

From between the oblique proceſſes of each ſide, the vertebra is ſtretched out laterally into a proceſs that is named *tranſverſe*.

From the back-part of the roots of the two oblique and of the tranſverſe proceſs of each ſide, a broad oblique bony

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(*l*) Medical eſſays and obſerv. vol. 5. art. 28.

(*m*) Articulatorii, minimi.

bony plate is extended backwards; where theſe meet, the ſeventh proceſs of the vertebræ takes its riſe, and ſtands out backwards: this being generally ſharp-pointed and narrow-edged, has therefore been called *ſpinal* proceſs; from which this whole chain of bones has got its name.

Beſides the common ligament which lines all the internal ſurface of the ſpinal proceſſes, as well as of the bodies, there are particular ligaments that connect the bony bridges and proceſſes of the contiguous vertebræ together.

The ſubſtance of the proceſſes is conſiderably ſtronger and firmer, and has a thicker external plate, than the bodies of the vertebræ have.

The ſeven *proceſſes* form a concavity at their fore-part, which, joined to the one at the back-part of the bodies, makes a great hole; and the holes of all the vertebræ form a long large conduit (*n*), for containing the ſpinal marrow.——In the upper and lower edge of each lateral bridge, there is a notch. Theſe are ſo adapted to each other in the contiguous vertebræ, as to form a round hole in each ſide between each two vertebræ, through which the nerves that proceed from the ſpinal marrow and its blood-veſſels paſs.

The *articulations*, then, of theſe true vertebræ are plainly double: for their bodies are joined by the intervening cartilage above deſcribed; and their oblique proceſſes, being tipped with cartilages, are ſo connected by their ligaments as to allow a ſmall degree of motion to all ſides. Hence it is evident, that their centre of motion is altered in different poſitions of the trunk: for, when we bow forwards, the upper moved part bears entirely on the bodies of the vertebræ; if we bend back, the oblique proceſſes ſupport the weight; if we recline to one ſide, we reſt upon the oblique proceſſes of that ſide and part of the bodies; if we ſtand erect, all the

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(*n*) Ιερα συριγξ, σωλην, Canalis.

the bodies and oblique proceſſes have their ſhare in our ſupport.

Hence it follows, 1. That becauſe the joints of which the ſpine is compoſed are ſo numerous, the ſpinal marrow, nerves, blood-veſſels, &c. are not liable to ſuch compreſſion and over-ſtretching in the motion of the trunk of the body as they would otherwiſe be, ſince ſeveral vertebræ muſt be concerned in every motion of the ſpine; and therefore a very ſmall curvature is made at the conjunction of any two vertebræ (*o*). 2. That an erect poſture is the ſureſt and firmeſt, becauſe the ſurface of contact of the fulcra is largeſt, and the weight is moſt perpendicular to them (*p*). 3. That the muſcles which move the ſpine act with greater force in bringing the trunk to an erect poſture, than in drawing it to any other: For in bending forwards, backwards, or to a ſide, the muſcles which perform any of theſe actions are nearer the centre of motion; conſequently the lever with which they act is ſhorter than when the centre of motion is on the part of the vertebra, oppoſite to that where theſe muſcles are inſerted; which is the caſe in raiſing the trunk. This is extremely neceſſary; ſince, in the deflections of the ſpine from a perpendicular bearing, the weight of the body ſoon inclines it which way we deſign; whereas, in raiſing us erect, this great weight muſt be more than counteracted. 4. In calculating the force exerted by the muſcles which move the ſpine, we ſhould always make allowance for the action of the cartilages between the vertebræ, which, in every motion from an erect poſture, muſt be ſtretched on one ſide, and compreſſed on the other, to both which they reſiſt; whereas, in raiſing the trunk, theſe cartilages aſſiſt by their ſpringy force (*q*). 5. We are hence naturally led into the reaſon of our height of ſtature

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(*o*) Galen. de uſu part. lib. 12. cap. 12.

(*p*) Paaw de oſſib. part 2. cap. 2.

(*q*) Borelli de motu animal. pars 1. ſchol. ad propoſ. 58. Parent. Hiſtoire de l'acad. des ſciences, 1702.

ſtature increaſing in the morning, and diminiſhing at night (*r*): for the intermediate cartilages of the vertebræ being preſſed all day long by the weight of our body, become more compact and thin in the evening; but, when they are relieved from this preſſure in the night, they again expand themſelves to their former thickneſs: and ſeeing the bulk of any part muſt vary according to the different diſtention or repletion of the veſſels compoſing it, we may underſtand how we become taller after a plentiful meal, and decreaſe after faſting or evacuations (*s*). 6. From the different articulations of the bodies and oblique proceſſes of the vertebræ, and the different ſtrength of the ligaments, it is plain, that they are formed ſo as to allow much larger motion forwards than backwards; this laſt being of much leſs uſe, and might be dangerous, by overſtretching the large blood-veſſels that are contiguous to the bodies of the vertebræ (*t*). 7. The intervertebral cartilages ſhrivelling as they become more ſolid by age, is the cauſe why old people generally bow forwards, and cannot raiſe their bodies to ſuch an erect poſture as they had in their youth.

The *uſes* of the true vertebræ are, to give us an erect poſture; to allow ſufficient and ſecure motion to the head, neck, and trunk of the body; and to ſupport and defend the bowels and other ſoft parts.

At the ordinary time of birth, each vertebra conſiſts of three bony pieces, connected by cartilages; to wit, the body, which is not fully oſſified; and a long crooked bone on each ſide, on which we ſee a ſmall ſhare of the bony bridge, the oblique proceſſes complete, the beginning tranſverſe proceſſes, and the oblique plate, but no ſpinal proceſſes: ſo that the teguments are in no danger of being hurt by the ſharp ends of theſe ſpinal proceſſes,

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(*r*) Waſſe, Philoſoph. tranſact. numb. 383. art. 1.
(*s*) Abbe Fontenu, Hiſtoire de l'acad. des ſciences, 1725.
(*t*) Galen. de uſu part. lib. 1. cap. 16.

ceſſes, while a child is in its bended poſture in the womb, nor while it is ſqueezed in the birth.

From this general mechaniſm of the ſpine, an account is eaſily deduced of all the different preternatural curvatures which the ſpine is capable of: For if one or more vertebræ, or their cartilages, are of unequal thickneſs in oppoſite ſides, the ſpine muſt be reclined over to the thinner ſide; which now ſuſtaining the greateſt ſhare of the weight, muſt ſtill be more compreſſed, conſequently hindered from extending itſelf in proportion to the other ſide, which, being too much freed of its burden, has liberty to enjoy a luxuriant growth. The cauſes on which ſuch an inequality of thickneſs in different ſides of the vertebræ depends may vary. For either it may be owing to an over-diſtention of the veſſels of one ſide, and from thence a preternatural increaſe of the thickneſs of that part: or, which more commonly is the caſe, it may proceed from an obſtruction of the veſſels, by which the application of proper nouriſhment to the bony ſubſtance is hindered; whether that obſtruction depends on the faulty diſpoſition of the veſſels or fluids, or if it is produced by an unequal mechanical preſſure occaſioned by a paralytic weakneſs of the muſcles and ligaments, or by a ſpaſmodic over-action of the muſcles on any ſide of the ſpine, or by people continuing long or putting themſelves frequently into any poſture declining from the erect one: In all theſe caſes one common effect follows, to wit, the vertebræ, or their cartilages, or both, turn thick on that ſide where the veſſels are free, and remain thin on the other ſide where the veſſels are ſtraitened or obſtructed.—Whenever any morbid curvature is thus made, a ſecond turn, but in an oppoſite direction to the former, muſt be formed; both becauſe the muſcles on the convex ſide of the ſpine being ſtretched, muſt have a ſtronger natural contraction to draw the parts to which their ends are fixed, and becauſe the patient makes efforts to keep the centre of gravity of the body perpendicular to its baſe, that the muſcles may be relieved from a conſtant violent contractile ſtate, which always creates uneaſineſs and pain.

When once we underſtand how theſe crooked ſpines are produced, there is little difficulty in forming a juſt prognoſis; and a proper method of cure may be eaſily contrived, which muſt vary as to the internal medicines, according to the different cauſes on which the diſeaſe depends: But one general indication muſt be purſued by ſurgeons; which is, to counteract the bending force, by increaſing the compreſſion on the convex part of the curvature, and diminiſhing it on the concave ſide. The manner of executing which in particular caſes muſt be different, and requires a very accurate examination of the circumſtances both of the diſeaſe and patient. In many ſuch caſes I have found ſome ſimple directions, as to poſtures in which the patient's body ſhould be kept, of very great advantage.

Though the true vertebræ agree in the general ſtructure which I have hitherto deſcribed; yet, becauſe of ſeveral ſpecialities proper to a particular number, they are commonly divided into three claſſes, viz. *cervical*, *dorſal*, and *lumbar*.

The cervical (*u*) are the ſeven uppermoſt vertebræ; which are diſtinguiſhed from the reſt by theſe marks.—Their bodies are ſmaller and more ſolid than any others; and flatted on the fore-part, to make way for the œſophagus; or rather this flat figure is owing to the preſſure of that pipe, and to the action of the longi colli and anterior recti muſcles. They are alſo flat behind, where ſmall proceſſes riſe, to which the internal ligaments are fixed. The upper ſurface of the body of each vertebra is made hollow, by a ſlanting thin proceſs which is raiſed on each ſide:—The lower ſurface is alſo evacuated, but in a different manner; for here the poſterior edge is raiſed a little, and the one

(*u*) Τραχηλου, αυχης, Colli.

before is produced a conſiderable way.—Hence we ſee how the cartilages between thoſe bones are firmly connected, and their articulations are ſecure.

The cartilages between theſe vertebræ are thick, eſpecially at their fore-part; which is one reaſon why the vertebræ advance forward as they deſcend, and have larger motion.

The *oblique* proceſſes of theſe bones of the neck more juſtly deſerve that name than thoſe of any other vertebræ. They are ſituated ſlanting; the upper ones having their ſmooth and almoſt flat ſurfaces facing obliquely backwards and upwards, while the inferior oblique proceſſes have theſe ſurfaces facing obliquely forwards and downwards.

The *tranſverſe* proceſſes of theſe vertebræ are framed in a different manner from thoſe of any other bones of the ſpine: For, beſides the common tranſverſe proceſs riſing from between the oblique proceſſes of each ſide, there is a ſecond one that comes out from the ſide of the body of each vertebra; and theſe two proceſſes, after leaving a circular hole for the paſſage of the cervical artery and vein, unite, and are conſiderably hollowed at their upper part, with riſing ſides, to protect the nerves that paſs in the hollow; and at laſt each ſide terminates in an obtuſe point, for the inſertion of muſcles.

The *ſpinal* proceſſes of theſe cervical bones ſtand nearly ſtraight backwards, are ſhorter than thoſe of any other vertebræ, and are forked or double at their ends: and hence allow a more convenient inſertion to muſcles.

The thick *cartilages* between the bodies of theſe cervical vertebræ, the obliquity of their oblique proceſſes, and the ſhortneſs and horizontal ſituation of their ſpinal proceſſes, all conſpire to allow them large motion.

The *holes* between the bony croſs bridges, for the paſſage of the nerves from the ſpinal marrow, have their largeſt ſhare formed in the loweſt of the two vertebræ, to which they are common.

So far moſt of the cervical vertebræ agree; but they have ſome particular differences, which oblige us to conſider them ſeparately.

The firſt, from its uſe of ſupporting the head, has the name of *atlas* (x); and is alſo called *epiſtrophea*, from the motion it performs on the ſecond.

The atlas, contrary to all the other vertebræ of the ſpine, has no body; but, inſtead of it, there is a bony arch.——In the convex fore-part of this arch a ſmall riſing appears, where the muſculi longi colli are inſerted; and, on each ſide of this protuberance, a ſmall cavity may be obſerved, where the recti interni minores take their riſe.——The upper and lower parts of the arch are rough and unequal, where the ligaments that connect this vertebra to the os occipitis, and to the ſecond vertebra, are fixed.——The back-part of the arch is concave, ſmooth, and covered with a cartilage, in a recent ſubject, to receive the tooth-like proceſs of the ſecond vertebra.——In a firſt vertebra, from which the ſecond has been ſeparated, this hollow makes the paſſage for the ſpinal marrow to ſeem much larger than it really is: On each ſide of it a ſmall rough ſinuoſity may be remarked, where the ligaments going to the ſides of the tooth-like proceſs of the following vertebra are faſtened; and on each ſide a ſmall rough protuberance and depreſſion is obſervable, where the tranſverſe ligament, which ſecures the tooth-like proceſs in the ſinuoſity, is fixed, and hinders that proceſs from injuring the medulla ſpinalis in the flections of the head.

The atlas has as little ſpinal proceſs as body; but, inſtead thereof, there is a large bony arch, that the muſcles which paſs over this vertebra at that place might not be hurt in extending the head. On the back and upper part of this arch there are two depreſſions, where the recti poſtici minores take their riſe; and at the lower part are two other ſinuoſities, into which the ligaments which connect this bone to the following one are fixed.

(x) Αστραγαλος.

The ſuperior oblique proceſſes of this atlas are large, oblong, hollow, and more horizontal than in any other vertebra.——They riſe more in their external than internal brim; by which their articulations with the condyloid proceſſes of the os occipitis are firmer.——Under the external edge of each of theſe oblique proceſſes is the foſſa, or deep open channel, in which the vertebral arteries make the circular turn, as they are about to enter the great foramen of the occipital bone, and where the tenth pair of nerves goes out——In ſeveral bodies, I have ſeen this foſſa covered with bone.——The inferior oblique proceſſes, extending from within outwards and downwards, are large, concave, and circular. So that this vertebra, contrary to the other ſix, receives the bones with which it is articulated both above and below.

The tranſverſe proceſſes here are not much hollowed or forked; but are longer and larger than thoſe of any other vertebra of the neck, from the origin and inſertion of ſeveral muſcles; of which thoſe that ſerve to move this vertebra on the ſecond have a conſiderable lever to act with, becauſe of the diſtance of their inſertion from the axis of revolution.

The hole for the ſpinal marrow is larger in this than in any other vertebra, not only on account of the marrow being largeſt here, but alſo to prevent its being hurt by the motions of this vertebra on the ſecond one. ——This large hole, and the long tranſverſe proceſſes, make this the broadeſt vertebra of the neck.

The condyles of the os occipitis move forwards and backwards in the ſuperior oblique proceſſes of this vertebra; but, from the figure of the bones forming theſe joints, it appears, that very little motion can here be allowed to either ſide; and there muſt be ſtill leſs circular motion.

In new-born children this vertebra has only the two lateral pieces oſſified; the arch, which it has at its fore-part inſtead of a body, being cartilaginous.

The ſecond vertebra colli is called *dentata*, from the tooth-like proceſs on the upper part of its body. Some authors call it *epiſtrophea*, but improperly, ſince this deſignation is only applicable to the firſt, which moves on this as on an axis.

The body of this vertebra is ſomewhat of a pyramidal figure, being large, and produced downwards, eſpecially at its fore-ſide, to enter into a hollow of the vertebra below; while the upper part has a ſquare proceſs, with a ſmall point ſtanding out from it. This it is that is imagined to reſemble a tooth (*y*), and has given name to the vertebra.——The ſide of this proceſs, on which the hollow of the anterior arch of the firſt vertebra plays, is convex, ſmooth, and covered with a cartilage; and it is of the ſame form behind, for the ligament, which is extended tranſverſely from one rough protuberance of the firſt vertebra to the other, and is cartilaginous in the middle, to move on it.——A ligament likewiſe goes out in an oblique tranſverſe direction, from each ſide of the proceſſus dentatus, to be fixed at its other end to the firſt vertebra, and to the occipital bone; and another ligament riſes up from near the point of the proceſs to the os occipitis.

The ſuperior oblique proceſſes of this vertebra dentata are large, circular, very nearly in an horizontal poſition, and ſlightly convex, to be adapted to the inferior oblique proceſſes of the firſt vertebra.—A moveable cartilage is ſaid by ſome authors to be interpoſed between theſe oblique proceſſes of the firſt and ſecond vertebra; but I could never find it.——The inferior oblique proceſſes of this vertebra dentata anſwer exactly to the deſcription given of thoſe common to all the cervical vertebræ.

The tranſverſe proceſſes of the vertebra dentata are ſhort, very little hollowed at their upper part, and not forked

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(*y*) Conoides, pyrenoides, odontoides.

forked at their ends; and the canals through which the cervical arteries paſs are reflected outwards about the middle ſubſtance of each proceſs; ſo that the courſe of theſe veſſels may be directed towards the tranſverſe proceſſes of the firſt vertebra.—Had this curvature of the arteries been made in a part ſo moveable as the neck is, while they were not defended by a bone, and fixed to that bone, ſcarce a motion could have been performed without the utmoſt hazard of compreſſion, and a ſtop put to the courſe of the liquids, with all its train of bad conſequences. Hence we obſerve this ſame mechaniſm ſeveral times made uſe of, when there is any occaſion for a ſudden curvature of a large artery. This is the third remarkable inſtance of it we have ſeen. The firſt was the paſſage of the carotids through the temporal bones; and the ſecond was that lately deſcribed in the vertebral arteries, turning round the oblique proceſſes of the firſt vertebra, to come at the great hole of the occipital bone.

The ſpinal proceſs of this vertebra dentata is thick, ſtrong, and ſhort, to give ſufficient origin to the muſculi recti majores and obliqui inferiores, and to prevent the contuſion of theſe and other muſcles in pulling the head back.

This ſecond vertebra conſiſts, at the birth, of four bony pieces: For, beſides the three which I already mentioned as common to all the vertebræ, the tooth-like proceſs of this bone is begun at this time to be oſſified in its middle, and is joined as an appendix to the body of the bone.—Leſt this appendix be bended or diſplaced, nurſes ought to keep the heads of new-born children from falling too far backwards, by ſtay-bands, or ſome ſuch means, till the muſcles attain ſtrength ſufficient to prevent that dangerous motion.

When we are acquainted with the ſtructure and articulations of the firſt and ſecond vertebræ, and know exactly the ſtrength and connection of their ligaments, there is no difficulty in underſtanding the motions that are performed upon or by the firſt; though this ſubject was formerly matter of hot diſpute among ſome of the greateſt anatomiſts (*z*). It is none of my purpoſe at preſent to enter into a detail of the reaſons advanced by either party; but to explain the fact, as any one may ſee it, who will remove the muſcles, which, in a recent ſubject, hinder the view of theſe two joints, and then will turn the head into all the different poſitions it is capable of. The head may then be ſeen to move forwards and backwards on the firſt vertebra, as was already ſaid, while the atlas performs the circumgyratio upon the ſecond verteqra; the inferior oblique proceſſes of the firſt vertebra ſhuffling eaſily in a circular way on the ſuperior oblique proceſſes of the ſecond, and its body or anterior arch having a rotation on the toothlike proceſs, by which the perpendicular ligament that is ſent from the point of the tooth-like proceſs to the occipital bone is twiſted, while the lateral ligaments that fix the proceſſus dentatus to the ſides of the firſt vertebra, and to the os occipitis, are very differently affected; for the one upon the ſide towards which the face is turned by the circumgyratio is much ſhortened and lax, while the oppoſite one is ſtretched and made tenſe, and, yielding at laſt no more, prevents the head from turning any farther round on the axis. So that theſe lateral ligaments are the proper moderators of the circumgyratio of the head here; which muſt be larger or ſmaller, as theſe ligaments are weaker or ſtronger, longer or ſhorter, and more or leſs capable of being ſtretched.— Beſides the revolution on this axis, the firſt vertebra can move a ſmall way to either ſide; but is prevented from moving backwards and forwards by its anterior arch, and by the croſs ligament, which are both cloſely applied to the tooth-like proceſs. Motion forwards here would have been of very bad conſequence, as it would have

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(*z*) See Euſtach. de motu capitis.

have brought the beginning of the ſpinal marrow upon the point of the tooth-like proceſs.

The rotatory motion of the head is of great uſe to us on many accounts, by allowing us to apply quickly our organs of the ſenſes to objects: And the axis of rotation was altogether proper to be at this place; for, if it had been at a greater diſtance from the head, the weight of the head, if it had at any time been removed from a perpendicular bearing to the ſmall very moveable joint, and thereby had acquired a long lever, would have broken the ligaments at every turn inconſiderately performed, or theſe ligaments muſt have been formed much ſtronger than could have been connected to ſuch ſmall bones. Neither could this circular motion be performed on the firſt vertebra without danger, becauſe the immoveable part of the medulla oblongata is ſo near, as, at each large turn, the beginning of the ſpinal marrow would have been in danger of being twiſted, and of ſuffering by the compreſſion this would have made on its tender fibrils.

It is neceſſary to obſerve, that the lateral or moderator ligaments confine ſo much the motion of the firſt vertebra upon the ſecond, that though this joint may ſerve us on ſeveral occaſions, yet we are often obliged to turn our faces farther round than could be done by this joint alone, without the greateſt danger of twiſting the ſpinal marrow too much, and alſo of luxating the oblique proceſſes: therefore, in large turns of this kind, the rotation is aſſiſted by all the vertebræ of the neck and loins; and if this is not ſufficient, we employ moſt of the joints of the lower extremities.——This combination of a great many joints towards the performance of one motion, is alſo to be obſerved in ſeveral other parts of the body; notwithſtanding ſuch motion's being generally ſaid to be performed by ſome ſingle joint only.

The third vertebra of the neck is by ſome called *axis;* but this name is applied to it with much leſs reaſon than to the ſecond.——This third, and the three below, have nothing particular in their ſtructure, but all their parts come under the general deſcription formerly given, each of them being larger as they deſcend.

The ſeventh (*a*) vertebra of the neck is near to the form of thoſe of the back, having the upper and lower ſurfaces of its body leſs hollow than the others: The oblique proceſſes are more perpendicular; neither ſpinal nor tranſverſe proceſſes are forked. This ſeventh and the ſixth vertebra of the neck have the hole in each of their tranſverſe proceſſes more frequently divided by a ſmall croſs bridge, that goes between the cervical vein and artery, than any of the other vertebræ.

The twelfth DORSAL (*b*) may be diſtinguiſhed from the other vertebræ of the ſpine by the following marks.

Their bodies are of a middle ſize betwixt thoſe of the neck and loins:—they are more convex before than either of the other two ſorts; and are flatted laterally by the preſſure of the ribs, which are inſerted into ſmall cavities formed in their ſides. This flatting on their ſides, which makes the figure of theſe vertebræ almoſt an half oval, is of good uſe; as it affords a firm articulation to the ribs, allows the trachea arteria to divide at a ſmall angle, and the other large veſſels to run ſecure from the action of the vital organs.——Theſe bodies are more concave behind than any of the other two claſſes.——Their upper and lower ſurfaces are horizontal.

The cartilages interpoſed between the bodies of theſe vertebræ are thinner than in any other of the true vertebræ; and contribute to the concavity of the ſpine in the thorax, by being thinneſt at their fore-part.

The oblique proceſſes are placed almoſt perpendicular; the upper ones ſlanting but a little forwards, and the

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(*a*) Atlas quibuſdam, maxima, magna vertebra, prominens

(*b*) Θωρακος, μεταφρενȣ, νωτȣ, υποτραχηλιȣ, antiſterni, pectoris, tergi.

the lower ones ſlanting as much backwards.——They have not as much convexity or concavity as is worth remarking. Between the oblique proceſſes of oppoſite ſides, ſeveral ſharp proceſſes ſtand out from the upper and lower parts of the plates which join to form the ſpinal proceſs: into theſe ſharp proceſſes ſtrong ligaments are fixed for connecting the vertebræ.

The tranſverſe proceſſes of the dorſal vertebræ are long, thicker at their ends than in the middle, and turned obliquely backwards; which may be owing to the preſſure of the ribs, the tubercles of which are inſerted into a depreſſion near the end of theſe proceſſes.

The ſpinal proceſſes are long, ſmall-pointed, and ſloping downwards and backwards: from their upper and back part a ridge riſes, which is received by a ſmall channel in the fore-part of the ſpinal proceſs immediately above, which is here connected to it by a ligament.

The conduit of the ſpinal marrow is here more circular, but, correſponding to the ſize of that cord, is ſmaller than in any of the other vertebræ; and a larger ſhare of the holes in the bony bridges, for the tranſmiſſion of the nerves, is formed in the vertebra above than in the one below.

The connection of the dorſal vertebræ to the ribs, the thinneſs of their cartilages, the erect ſituation of the oblique proceſſes, the length, ſloping, and connection of the ſpinal proceſſes, all contribute to reſtrain theſe vertebræ from much motion, which might diſturb the actions of the heart and lungs; and in conſequence of the little motion allowed here, the intervertebral cartilages ſooner ſhrivel, by becoming more ſolid: and therefore the firſt remarkable curvature of the ſpine obſerved, as people advance to old age, is in the leaſt ſtretched vertebræ of the back; or old people firſt become round-ſhouldered.

The bodies of the four uppermoſt dorſal vertebræ deviate from the rule of the vertebræ becoming larger as they deſcend: for the firſt of the four is the largeſt, and the other three below gradually become ſmaller, to allow the trachea and large veſſels to divide at ſmaller angles.

The two uppermoſt vertebræ of the back, inſtead of being very prominent forwards, are flatted by the action of the muſculi longi colli and recti majores.

The proportional ſize of the two little depreſſions in the body of each vertebra for receiving the heads of the ribs, ſeems to vary in the following manner; the depreſſion on the upper edge of each vertebra decreaſes as far down as the fourth, and after that increaſes.

The tranſverſe proceſſes are longer in each lower vertebra to the ſeventh or eighth, with their ſmooth ſurfaces, for the tubercles of the ribs, facing gradually more downwards; but afterwards, as they deſcend, they become ſhorter, and the ſmooth ſurfaces are directed more upwards.

The ſpinous proceſſes of the vertebræ of the back become gradually longer and more ſlanting from the firſt, as far down as the eighth or ninth vertebra; from which they manifeſtly turn ſhorter and more erect.

The firſt (*c*) vertebra, beſides an oblong hollow in its lower edge, that aſſiſts in forming the cavity wherein the ſecond rib is received, has the whole cavity for the head of the firſt rib formed in it.

The ſecond has the name of *axillary* (*d*), without any thing particular in its ſtructure.

The eleventh (*e*) often has the whole cavity for the eleventh rib in its body, and wants the ſmooth ſurface on each tranſverſe proceſs.

The twefth (*f*) always receives the whole head of the laſt rib, and has no ſmooth ſurface on its tranſverſe proceſſes, which are very ſhort.——The ſmooth ſurfaces of its inferior oblique proceſſes face outwards as

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(*c*) Λοφια, Gutturalis. (*d*) Μασχαλιστηρ.

(*e*) Αρρεπης, in neutram partem inclinans.

(*f*) Διαζωστηρ, Præcingens.

the lumbar do.—And we may ſay in general, that the upper vertebræ of the back loſe gradually their reſemblance to thoſe of the neck, and the lower ones come nearer to the figure of the lumbar.

The articulation of the vertebræ of the back with the ribs, ſhall be more particularly conſidered after the ribs are deſcribed. Only it may be proper now to remark, that the ligaments which ſerve that articulation aſſiſt in connecting the vertebræ.

The loweſt order of the true vertebræ is the *lumbar* (*g*); which are five bones, that may be diſtinguiſhed from any others by theſe marks: 1. Their bodies, tho' of a circular form at their fore-part, are ſomewhat oblong from one ſide to the other; which may be occaſioned by the preſſure of the large veſſels, the aorta and cava, and of the viſcera. The epiphyſes on their edges are larger; and therefore the upper and lower ſurfaces of their bodies are more concave than in the vertebræ of the back. 2. The cartilages between theſe vertebræ are much the thickeſt of any, and render the ſpine convex within the abdomen, by their greateſt thickneſs being at their fore-part. 3. The oblique proceſſes are ſtrong and deep; thoſe in oppoſite ſides being almoſt placed in parallel planes; the ſuperior, which are concave, facing inwards, and the convex inferior ones facing outwards: And therefore each of theſe vertebræ receives the one above it, and is received by the one below; which is not ſo evident in the other two claſſes already deſcribed. 4. Their tranſverſe proceſſes are ſmall, long, and almoſt erect, for allowing large motion to each bone, and ſufficient inſertion to muſcles, and for ſupporting and defending the internal parts. 5. Betwixt the roots of the ſuperior oblique and tranſverſe proceſſes, a ſmall protuberance may be obſerved, where ſome of the muſcles that raiſe the trunk of the body are inſerted. 6. Their ſpinal proceſſes are ſtrong, ſtraight, and horizontal, with broad

flat

(*g*) Οσφυος ιξυος, ψοιων, Renum, lumborum.

flat ſides, and a narrow edge above and below; this laſt being depreſſed on each ſide by muſcles. And at the root of theſe edges, we ſee rough ſurfaces for fixing the ligaments. 7. The canal for the numerous cords, called *cauda equina*, into which the ſpinal marrow divides, is rather larger in theſe bones than what contains that marrow in the vertebræ of the back. 8. The holes for the paſſage of the nerves are more equally formed out of both the contiguous vertebræ than in the other claſſes; the upper one furniſhes, however, the larger ſhare of each hole.

The thick cartilages between theſe lumbar vertebræ, their deep oblique proceſſes, and their erect ſpinal proceſſes, are all fit for allowing large motion: though it is not ſo great as what is performed in the neck; which appears from comparing the arches which the head deſcribes when moving on the neck or the loins only.

The lumbar vertebræ, as they deſcend, have their oblique proceſſes at a greater diſtance from each other, and facing more backwards and forwards.

Both tranſverſe and ſpinal proceſſes of the middlemoſt vertebræ of the loins are longeſt and thickeſt; in the vertebræ above and below, they are leſs: So that theſe proceſſes of the firſt (*h*) and fifth (*i*) are the leaſt, to prevent their ſtriking on the ribs or oſſa ilium, or their bruiſing the muſcles in the motions of the ſpine.

The epiphyſes round the edges of the bodies of the lumbar vertebræ are moſt raiſed in the two loweſt; which conſequently make them appear hollower in the middle than the others are.

The body of the fifth vertebra is rather thinner than that of the fourth.——The ſpinal proceſs of this fifth is ſmaller, and the oblique proceſſes face more backwards and forwards than in any other lumbar vertebra.

After conſidering the ſtructure of the particular

(*h*) Νεφριτης, Renalis. (*i*) Ακαλιτης, Fulciens.

vertebræ, and their mutual connection, we may obſerve a ſolicitous care taken that they ſhall not be diſjoined but with great difficulty. For, beſides being connected by ſtrong ligaments proportioned to the forces which are to be reſiſted, their bodies either enter ſo into each other as to prevent their being diſplaced any way, as in the vertebræ of the neck; or they are propped on all ſides, as thoſe of the back are by the ribs; or their ſufaces of contact are ſo broad, as to render the ſeparation almoſt impracticable, as in the loins: while the depth and articulation of the oblique proceſſes are exactly proportioned to the quantity of motion which the other parts of the bones allow, or the muſcles can perform. Yet as theſe oblique proceſſes are ſmall, and therefore not capable of ſo ſecure a conjunction as the larger bodies, they may ſooner yield to a disjoining force; but then their diſlocation is not of near ſo bad conſequence as the ſeparation of the bodies would be: for by the oblique proceſſes being diſlocated, the muſcles, ligaments, and ſpinal marrow, are indeed ſtretched; but this marrow muſt be compreſſed, or entirely deſtroyed, when the body of the vertebra is removed out of its place.

THE FALSE VERTEBRÆ.

The False Vertebræ compoſe the under pyramid of the ſpine They are diſtinguiſhed from the bones already deſcribed juſtly enough by this epithet of *falſe*; becauſe, though each bone into which they can be divided in young people reſembles the true vertebræ in figure, yet none of them contribute to the motion of the trunk of the body; they being intimately united to each other in adults, except at their lower part, where they are moveable; whence they are commonly divided into two bones, *os ſacrum* and *coccygis*.

Os Sacrum (*k*), is ſo called, from being offered in ſacrifice

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(*k*) Ιερον, σπονδυλος μεγας, Hippocrat. υποσπονδυλον, Oribaſ. Πλατυ Latum, os clunium, clavium.

ſacrifice by the ancients, or rather becauſe of its largeneſs in reſpect of the other vertebræ.——This bone is of an irregular triangular ſhape, broad above, narrow below, convex behind, for the advantageous origin of the muſcles that move the ſpine and thigh backwards; and concave behind, for enlarging the cavity of the pelvis.——Four tranſverſe lines, of a colour different from the reſt of the bone which are ſeen on its fore-part, are the marks of diviſion of the five different bones of which it conſiſts in young perſons.

The fore-part of the os ſacrum, analogous to the bodies of the true vertebræ, is ſmooth and flat, to allow a larger ſpace for the contained bowels, without any danger of hurting them; or this flat figure may be owing to the equal preſſure of theſe bowels, particularly of the laſt gut.—The back-part of it is almoſt ſtraight, without ſo large a cavity as the vertebræ have; becauſe the ſpinal marrow, now ſeparated into the cauda equina, is ſmall.——The bridges between the bodies and proceſſes of this bone are much thicker, and in proportion ſhorter, than in the former claſs of bones.——The ſtrength of theſe croſs bridges is very remarkable in the three upper bones, and is well proportioned to the incumbent weight of the trunk of the body, which theſe bridges ſuſtain in a tranſverſe, conſequently an unfavourable, ſituation, when the body is erect.

There are only two oblique proceſſes of the os ſacrum; one ſtanding out on each ſide from the upper part of the firſt bone.—Their plain erect ſurfaces face backwards, and are articulated with the inferior oblique proceſſes of the laſt vertebra of the loins, to which each of theſe proceſſes is connected by a ſtrong ligament, which riſes from a ſcabrous cavity round their roots, where mucilaginous glands are alſo lodged.—Inſtead of the other oblique proceſſes of this bone, four rough tubercles are to be ſeen on each ſide of its ſurface behind, from which the muſculus ſacer has its origin.

The tranſverſe proceſſes here are all grown together into one large ſtrong oblong proceſs on each ſide; which, ſo far as it anſwers to the firſt three bones, is very thick, and divided into two irregular cavities by a long perpendicular ridge.—The foremoſt of the two cavities has commonly a thin cartilaginous ſkin covering it in the recent ſubject, and is adapted to the unequal protuberance of the os ilium; and a ſtrong ligament connects the circumference of theſe ſurfaces of the two bones.—The cavity behind is divided by a tranſverſe ridge into two, where ſtrong ligamentous ſtrings that go from this bone to the os ilium, with a cellular ſubſtance containing mucus, are lodged.

The tranſverſe proceſſes of the two laſt bones of the os ſacrum are much ſmaller than the former.——At their back-part near their edge, a knob and oblong flat ſurface give riſe to two ſtrong ligaments which are extended to the os iſchium; and are therefore called *ſacroſciatic*.

The ſpinal proceſſes of the three uppermoſt bones of the os ſacrum appear ſhort, ſharp, and almoſt erect, while the two lower ones are open behind; and ſometimes a little knob is to be ſeen on the fourth, though generally it is bifurcated, without the two legs meeting into a ſpine; in which condition alſo the firſt is often to be ſeen; and ſometimes none of them meet, but leave a ſinus, or rather foſſa, inſtead of a canal (*l*).—The muſculus latiſſimus and longiſſimus dorſi, ſacrolumbalis, and glutæus maximus, have part of their origins from theſe ſpinal proceſſes.

The canal between the bodies and proceſſes of this bone, for the cauda equina, is triangular; and becomes ſmaller as it deſcends, as the cauda alſo does.—Below the third bone, this paſſage is no more a complete bony canal, but is open behind; and is only there defended by a ſtrong ligamentous membrane ſtretched over it, which, with the muſcles that cover it, and are very

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(*l*) Verheyen, Anat. tract. 5. cap. 9.——Sue Trad. d'oſteol. p. 127.

very prominent on each ſide, is a ſufficient defence for the bundle of nerves within.

At the root of each oblique proceſs of this bone, the notch is conſpicuous; by which, and ſuch another in the laſt vertebra of the loins, a paſſage is left for the twenty-fourth ſpinal nerve; and in viewing the os ſacrum, either before or behind, four large holes appear in each ſide, in much the ſame height as where the marks of the union of its ſeveral bones remain. Some of the largeſt nerves of the body paſs through the anterior holes; and ſuperficial grooves, running outwards from them in different directions, ſhow the courſe of theſe nerves.——From the intervals of theſe grooves, the pyriformis muſcle chiefly riſes.——The holes in the back-part of the bone are covered by membranes which allow ſmall nerves to paſs through them.——The two uppermoſt of theſe holes, eſpecially on the fore-ſide, are the largeſt; and as the bone deſcends, the holes turn ſmaller. Sometimes a notch is only formed at the lower part in each ſide of this bone; and in other ſubjects there is a hole common to it and the os coccygis, through which the twenty-ninth pair of ſpinal nerves paſſes; and frequently a bony bridge is formed on the back-part of each ſide by a proceſs ſent up from the back-part of the os coccygis, and joined to the little knobs which the laſt bone of the os ſacrum has inſtead of a ſpinal proceſs. Under this bridge or jugum, the twenty-ninth pair of ſpinal nerves runs in its courſe to the common holes juſt now deſcribed.

The upper part of the body of the firſt bone reſembles the vertebræ of the loins; but the ſmall fifth bone is oblong tranſverſely, and hollow in the middle of its lower ſurface.

The *ſubſtance* of the os ſacrum is very ſpongy, without any conſiderable ſolid external plates, and is lighter proportionally to its bulk than any other bone in the body; but is ſecured from injuries by the thick muſcles that cover it behind, and by the ſtrong ligamentous membranes that cloſely adhere to it.—As this is one of the moſt remarkable inſtances of this ſort of defence afforded a ſoft weak bone, we may make the general obſervation, That wherever we meet with ſuch a bone, one or other, or both theſe defences, are made uſe of; the firſt to ward off injuries, and the ſecond to keep the ſubſtance of the bone from yielding too eaſily.

This bone is *articulated* above to the laſt vertebra of the loins, in the manner that the lumbar vertebræ are joined; and therefore the ſame motions may be performed here.——The articulation of the lower part of the os ſacrum to the os coccygis, ſeems well enough adapted for allowing conſiderable motion to this laſt bone, were it not much confined by ligaments. Laterally, the os ſacrum is joined to the oſſa ilium by an immoveable ſynchondroſis, or what almoſt deſerves the name of a ſuture: For the cartilaginous cruſt on the ſurface of the bones is very thin; and both their ſurfaces are ſo ſcabrous and unequal, as to be indented into each other; which makes ſuch a ſtrong connection, that great force is required to ſeparate them, after all the muſcles and ligaments are cut.——Frequently the two bones grow together in old ſubjects.

The *uſes* of the os ſacrum are, to ſerve as the common baſe and ſupport of the trunk of the body, to guard the nerves proceeding from the end of the ſpinal marrow, to defend the back-part of the pelvis, and to afford ſufficient origin to the muſcles which move the trunk and thigh.

The bones that compoſe the os ſacrum of infants, have their bodies ſeparated from each other by a thick cartilage; and, in the ſame manner as the true vertebræ, each of them conſiſts of a body and two lateral plates, connected together by cartilages; the ends of the plates ſeldom being contiguous behind.

OS COCCYGIS (*m*), or *rump-bone*, is that triangular

chain

(*m*) Ὀῤῥοπυγιον ὀςος, Caudæ os, ſpondylium, os cuculi.

chain of bones depending from the os ſacrum; each bone becoming ſmaller as they deſcend, till the laſt ends almoſt in a point. The os coccygis is convex behind, and concave before; from which crooked pyramidal figure, which was thought to reſemble a cuckow's beak, it has got its name.

This bone conſiſts of four pieces in people of middle age:——In children, very near the whole of it is cartilage: In old ſubjects, all the bones are united, and become frequently one continued bone with the os ſacrum.

The higheſt of the four bones is the largeſt, with ſhoulders extended farther to each ſide than the end of the os ſacrum; which enlargement ſhould, in my opinion, ſerve as a diſtinguiſhing mark to fix the limits of either bone; and therefore ſhould take away all diſpute about reckoning the number of bones, of which one or other of theſe two parts of the falſe vertebræ is compoſed; which diſpute muſt ſtill be kept up, ſo long as the numbering five or ſix bones in the os ſacrum depends upon the uncertain accident of this broad ſhouldered little bone being united to or ſeparated from it.—The upper ſurface of this bone is a little hollow.——From the back of that bulbous part called its *ſhoulders*, a proceſs often riſes up on each ſide, to join with the bifurcated ſpine of the fourth and fifth bones of the os ſacrum, to form the bony bridge mentioned in the deſcription of the os ſacrum.—Sometimes theſe ſhoulders are joined to the ſides of the fifth bone of the os ſacrum, to form the hole in each ſide common to theſe two bones, for the paſſage of the twenty-ninth pair of ſpinal nerves.—Immediately below the ſhoulders of the os coccygis, a notch may be remarked in each ſide, where the thirtieth pair of the ſpinal nerves paſſes.——The lower end of this bone is formed into a ſmall head, which very often is hollow in the middle.

The three lower bones gradually become ſmaller, and are ſpongy; but are ſtrengthened by a ſtrong ligament which covers and connects them.—Their ends, by which they are articulated, are formed in the ſame manner as thoſe of the firſt bone are.

Between each of theſe four bones of young ſubjects a cartilage is interpoſed; therefore their articulation is analogous to that of the bodies of the vertebræ of the neck: For, as has been above remarked, the lower end of the os ſacrum, and of each of the three ſuperior bones of the os coccygis, has a ſmall depreſſion in the middle; and the upper part of all the bones of the os occygis is a little concave, and conſequently the interpoſed cartilages are thickeſt in the middle, to fill up both cavities; by which they connect the bones more firmly.——When the cartilages oſſify, the upper end of each bone is formed into a cavity, exactly adapted to the protuberant lower end of the bone immediately above.——From this ſort of articulation, it is evident, that, unleſs when theſe bones grow together, all of them are capable of motion; of which the firſt and ſecond, eſpecially this laſt, enjoys the largeſt ſhare.

The lower end of the fourth bone terminates in a rough point, to which a cartilage is appended.

To the ſides of theſe bones of the os coccygis, the coccygæi muſcles (*n*), and part of the levatores ani, and of the glutæi maximi, are fixed.

The *ſubſtance* of theſe bones is very ſpongy, and in children cartilaginous; there being only a part of the firſt bone oſſified in a new-born infant.—Since therefore the inteſtinum rectum of children is not ſo firmly ſupported as it is in adults, this may be one reaſon why they are more ſubject to a procidentia ani than old people (*o*).

From the deſcription of this bone, we ſee how little it reſembles the vertebræ; ſince it ſeldom has proceſſes, never

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(*n*) Douglas, Myograph. chap. 40.——Euſtach. tab. 36. n° 45, 20.

(*o*) Spigel. de humani corp. fabric. lib. 2. cap. 22.——Paaw de oſſib. par. 2. cap. 3.

never has any cavity for the ſpinal marrow, nor holes for the paſſage of nerves.—Its connection hinders it from being moved to either ſide; and its motion backwards and forwards is much confined: yet, as its ligaments can be ſtretched by a conſiderable force, it is a great advantage in the execretion of the fœces alvinæ, and much more in child-bearing, that this bone ſhould remain moveable; and the right management of it, in delivering women, may be of great benefit to them (*p*)——The mobility of the os coccygis diminiſhing as people advance in age, eſpecially when its ligaments and cartilages have not been kept flexible by being ſtretched, is probably one reaſon why the women, who are old maids before they marry, have generally hard labour in child-bed.

The os coccygis ſerves to ſuſtain the inteſtinum rectum; and, in order to perform this office more effectually, it is made to turn with a curve forwards; by which alſo the bone itſelf, as well as the muſcles and teguments, is preſerved from any injury when we ſit with our body reclined back.

§ 2. *Of the* PELVIS.

THE ſecond part of the trunk of the ſkeleton, the pelvis, is the cylindrical cavity at the lower part of the abdomen, formed by the os ſacrum, os coccygis, and oſſa innominata; which laſt therefore fall now in courſe to be examined.

OSSA INNOMINATA.

THOUGH the name of *oſſa innominata* (*q*) contributes nothing to the knowledge of their ſituation, ſtructure, or office; yet they have been ſo long univerſally known by it, that there is no occaſion for changing it.—They are two large broad bones, which form the fore-part and ſides of the pelvis, and the lower part of the ſides of

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(*p*) Paaw, ibid.—Deventer, Operat. chirurg. cap. 27.

(*q*) Ξχιλιων, προσφυσεις, Sacro conjuncta.

of the abdomen.——In children, each of theſe bones is evidently divided into three; which are afterwards ſo intimately united, that ſcarce the leaſt mark of their former ſeparation remains: This notwithſtanding, they are deſcribed as conſiſting each of three bones, to wit, the os ilium, iſchium, and pubis; which I ſhall firſt deſcribe ſeparately, and then ſhall conſider what is common to any two of them, or to all the three.

Os ILIUM (r), or *haunch-bone*, is ſituated higheſt of the three, and reaches as far down as one third of the great cavity into which the head of the thigh-bone is received.

The external ſide of this bone is unequally convex, and is called its *dorſum*;—the internal concave ſurface is by ſome (but improperly) named its *coſta*.——The ſemicircular edge at the higheſt part of this bone, which is tipped with a cartilage in the recent ſubject; is named the *ſpine*, into which the external or deſcending oblique muſcle of the abdomen is inſerted; and from it the internal aſcending oblique, and the tranſverſe muſcles of the belly, with the glutæus maximus, quadratus lumborum, and latiſſimus dorſi, have their origin. Some (s) are of opinion, that it is only the tendinous cruſt of all theſe muſcles, and not a cartilage, as commonly alleged, that covers this bony edge.——The ends of the ſpine are more prominent than the ſurface of the bone below them; therefore are reckoned proceſſes.——From the anterior ſpinal proceſs, the ſartorius and facialis muſcles have their riſe, and the outer end of the doubled tendon of the external oblique muſcle of the abdomen, commonly called *Falliopus*'s or *Poupart*'s ligament, is fixed to it.—The inſide of the poſterior ſpinal proceſs, and of part of the ſpine forward from that, is made flat and rough where the ſacro-lumbalis and longiſſimus dorſi riſe; and to its outſide are fixed ligaments, extended to the os ſacrum and tranſverſe proceſſes of the fifth and fourth vertebræ of the loins.(*t*)——Below the anterior ſpinal proceſs another protuberance ſtands out, which by its ſituation may be diſtinguiſhed from the former, by adding the epithet of *inferior*, where the muſculus rectus tibiæ has its origin (*u*).——Betwixt theſe two anterior proceſſes the bone is hollowed where the beginning of the ſartorius muſcle is lodged.——Below the poſterior ſpinal proceſs, a ſecond protuberance of the edge of this bone is in like manner obſervable, which is cloſely applied to the os ſacrum.——Under this laſt proceſs a conſiderable large niche is obſervable in the os ilium; between the ſides of which and the ſtrong ligament that is ſtretched over from the os ſacrum to the ſharp-pointed proceſs of the os iſchium of the recent ſubject, a large hole is formed, through which the muſculus pyriformis, the great ſciatic nerve, and the poſterior crural veſſels, paſs, and are protected from compreſſion.

(r) Λαγονον, κενεων, Scaphium, lumbare, clunium, clavium, anchas.

(s) Winſlow, Expoſition anatomique du corps humain, traité des os frais, § 96.

The external broad ſide or dorſum of the os ilium is a little hollow towards the fore-part; farther back, it is as much raiſed; then is conſiderably concave; and, laſtly, it is convex. Theſe inequalities are occaſioned by the actions of the muſcles that are ſituated on this ſurface.—From behind the uppermoſt of the two anterior ſpinal proceſſes, in ſuch bones as are ſtrongly marked by the muſcles, a ſemicircular ridge is extended to the hollow paſſage of the ſciatic nerve. Between the ſpine and this ridge, the glutæus medius takes its riſe. Immediately from above the loweſt of the anterior ſpinal proceſſes, a ſecond ridge is ſtretched to the niche. Between this and the former ridge, the glutæus minimus has its origin.——On the outſide of the poſterior ſpinal proceſſes, the dorſum of the os ilium is flat and rough, where part of the muſculus glutæus maximus and

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(*t*) Weitbrecht, Sydeſmolog. ſect. 4. § 39, 40, 46, 47.
(*u*) Baker, Curſ. Oſteolog. demonſtr. 3.

and pyriformis riſes.——The loweſt part of this bone is the thickeſt, and is formed into a large cavity with high brims, to aſſiſt in compoſing the great acetabulum; which ſhall be conſidered, after all the three bones that conſtitute the os innominatum are deſcribed.

The internal ſurface of the os ilium is concave in its broadeſt fore-part, where the internal iliac muſcle has its origin, and ſome ſhare of the inteſtinum ilium and colon is lodged.——From this large hollow, a ſmall ſinuoſity is continued obliquely forwards, at the inſide of the anterior inferior ſpinal proceſs, where part of the pſoas and iliacus muſcles, with the crural veſſels and nerves, paſs.—The large concavity is bounded below by a ſharp ridge, which runs from behind forwards; and, being continued with ſuch another ridge of the os pubis, forms a line of partition between the abdomen and pelvis.——Into this ridge the broad tendon of the pſoas parvus is inſerted.

All the internal ſurface of the os ilium, behind this ridge, is very unequal: For the upper part is flat, but ſpongy, where the ſacro-lumbalis and longiſſimus dorſi riſe.——Lower down, there is a tranſverſe ridge from which ligaments go out to the os ſacrum.—Immediately below this ridge, the rough unequal cavities and prominences are placed, which are exactly adapted to thoſe deſcribed on the ſide of the os ſacrum.—In the ſame manner, the upper part of this rough ſurface is porous, for the firmer adheſion of the ligamentous cellular ſubſtance; while the lower part is more ſolid, and covered with a thin cartilaginous ſkin, for its immoveable articulation with the os ſacrum.—From all the circumference of this large unequal ſurface, ligaments are extended to the os ſacrum, to ſecure more firmly the conjunction of theſe bones.

The paſſages of the medullary veſſels are very conſpicuous, both in the dorſum and coſta of many oſſa ilium; but in others they are inconſiderable.

The poſterior and lower parts of theſe bones are thick; but they are generally exceedingly thin and compact at their middle, where they are expoſed to the actions of the muſculi glutæi and iliacus internus, and to the preſſure of the bowels contained in the belly. —The ſubſtance of the oſſa ilium is moſtly cellular, except a thin external table.

In a ripe child, the ſpine of the os ilium is cartilaginous; and is afterwards joined to the bone, in form of an epiphyſe.—The large lower end of this bone is not completely oſſified.

Os Ischium (*x*), or hip-bone, is of a middle bulk between the two other parts of the os innominatum, is ſituated loweſt of the three, and is of a very irregular figure.—Its extent might be marked by an horizontal line drawn near through the middle of the acetabulum; for the upper bulbous part of this bone forms ſome leſs than the lower half of that great cavity, and the ſmall leg of it riſes to much the ſame height on the other ſide of the great hole common to this bone and the os pubis.

From the upper thick part of the os iſchium, a ſharp proceſs, called by ſome *ſpinous*, ſtands out backwards, from which chiefly the muſculus coccygæus and ſuperior gemellus, and part of the levator ani, riſe; and the anterior or internal ſacroſciatic ligament is fixed to it.—Between the upper part of this ligament and the bones, it was formerly obſerved that the pyriform muſcle, the poſterior crural veſſels, and the ſciatic nerve, paſs out of the pelvis.—Immediately below this proceſs, a ſinuoſity is formed for the tendon of the muſculus obturator internus.——In a recent ſubject, this part of the bone, which ſerves as a pulley on which the obturator muſcle plays, is covered with a ligamentous cartilage, that, by two or three ſmall ridges, points out the interſtices of the fibres in the tendon of this muſcle.——The outer ſurface of the bone at the root of this ſpinous proceſs is

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(*x*) Coxæ, coxendicis, pixis.

is made hollow by the pyriformis or iliacus externus muſcle.

Below the ſinuoſity for the obturator muſcle, is the great knob or tuberoſity, covered with cartilage or tendon (*y*).——The upper part of the tuberoſity gives riſe to the inferior gemellus muſcle.——To a ridge at the inſide of this, the external or poſterior ſacroſciatic ligament is ſo fixed, that between it, the internal ligament, and the ſinuoſity of the os iſchium, a paſſage is left for the internal obturator muſcle.——The upper thick ſmooth part of the *tuber*, called by ſome its *dorſum*, has two oblique impreſſions on it. The inner one gives origin to the long head of the biceps, flexor tibiæ, and ſeminervoſus muſcles; and the ſemimembranoſus riſes from the exterior one, which reaches higher and nearer the acetabulum than the other.—The lower, thinner, more ſcabrous part of the knob which bends forwards, is alſo marked with two flat ſurfaces; whereof the internal is what we lean upon in ſitting, and the external gives riſe to the largeſt head of the triceps adductor femoris.—Between the external margin of the tuberoſity and the great hole of the os innominatum, there is frequently an obtuſe ridge extended down from the acetabulum, which gives origin to the quadratus femoris. —As the tuber advances forwards, it becomes ſmaller, and is rough, for the origin of the muſculus tranſverſalis and erector penis.—The ſmall leg of it, which mounts upwards to join the os pubis, is rough and prominent at its edge, where the two lower heads of the triceps or quadriceps adductor femoris take their riſe.

The upper and back part of the os iſchium is broad and thick; but its lower and fore part is narrower and thinner.—Its ſubſtance is of the ſtructure common to broad bones.

The os ilium and pubis of the ſame ſide are the only bones which are contiguous to the os iſchium.

The part of the os iſchium, which forms the acetabulum,

(*y*) Winſlow, Expoſit. Anat. des os frais, § 96.

bulum, the ſpinous proceſs, the great tuber, and the recurved leg, are all cartilaginous at birth.—The tuber, with part of the leg or proceſs above it, becomes an epiphyſe before this bone is fully formed.

The Os Pubis (z), or *ſhare-bone*, is the leaſt of the three parts of the os innominatum, and is placed at the upper fore-part of it.—The thick largeſt part of this bone is employed in forming the acetabulum; from which becoming much ſmaller, it is ſtretched inwards to its fellow of the other ſide, where again it grows larger, and ſends a ſmall branch downwards to join the end of the ſmall leg of the os iſchium.—The upper fore-part of each os pubis is tuberous and rough where the muſculus rectus and pyramidalis are inſerted.—From this a ridge is extended along the upper edge of the bone, in a continued line with ſuch another of the os ilium, which divides the abdomen and pelvis. The ligament of Fallopius is fixed to the internal end of this ridge, and the ſmooth hollow below it is made by the pſoas and iliacus internus muſcles paſſing with the anterior crural veſſels and nerves behind the ligament.——Some way below the former ridge, another is extended from the tuberous part of the os pubis downwards and outwards towards the acetabulum; between theſe two ridges the bone is hollow and ſmooth, for lodging the head of the pectineus muſcle.——Immediately below, where the lower ridge is to take the turn downwards, a winding niche is made, which is comprehended in the great foramen of a ſkeleton; but is formed into a hole by a ſubtended ligament in the recent ſubject, for the paſſage of the poſterior crural nerve, an artery, and a vein.—The internal end of the os pubis is rough and unequal, for the firmer adheſion of the thick ligamentous cartilage that connects it to its fellow of the other ſide:—The proceſs which goes down from that to the os iſchium is broad and rough

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(z) ἥβης, Pectinis, penis, pudibundum, feneſtratum.

before, where the gracilis and upper heads of the triceps, or rather *quadriceps*, adductor femoris have their origin.

The ſubſtance of the os pubis is the ſame as of other broad bones.

Only a part of the large end of this bone is oſſified, and the whole leg is cartilaginous, in a child born at the full time.

Betwixt the os iſchium and pubis a very large irregular hole is left, which, from its reſemblance to a door or ſhield, has been called *thyroides*. This hole is all, except the nitch for the poſterior crural nerve, filled up, in a recent ſubject, with a ſtrong ligamentous membrane, that adheres very firmly to its circumference. From this membrane chiefly the two obturator muſcles, external and internal, take their riſe.—The great deſign of this hole, beſides rendering the bone lighter, is to allow a ſtrong enough origin to the obturator muſcles, and ſufficient ſpace for lodging their bellies, that there may be no danger of diſturbing the functions of the contained viſcera of the pelvis by the actions of the internal, nor of the external being bruiſed by the thigh-bone, eſpecially by its leſſer trochanter, in the motions of the thigh inwards: Both which inconveniences muſt have happened, had the oſſa innominata been complete here, and of ſufficient thickneſs and ſtrength to ſerve as the fixed point of theſe muſcles.—The bowels ſometimes make their way through the nitch for the veſſels, at the upper part of this thyroid hole; and this cauſes a hernia in this place (*a*).

In the external ſurface of the oſſa innominata, near the outſide of the great hole, a large deep cavity is formed by all the three bones conjunctly: For the os pubis conſtitutes about one fifth, the os ilium makes ſomething leſs than two fifths, and the os iſchium as much more than two fifths. The brims of this cavity are very high, and are ſtill much more enlarged by the liga-

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(*a*) Memoires de l'acad. de chirurgie, tom. I. p. 709, &c.

ligamentous cartilage, with which they are tipped in a recent ſubject. From this form of the cavity it has been called *acetabulum;* and for a diſtinguiſhing character, the name of the bone that conſtitutes the largeſt ſhare of it is added; therefore *acetabulum oſſis iſchii* (*b*) is the name this cavity commonly bears.—Round the baſe of the ſupercilia the bone is rough and unequal, where the capſular ligament of the articulation is fixed.—The brims at the upper and back part of the acetabulum are much larger and higher than any where elſe; which is very neceſſary to prevent the head of the femur from ſlipping out of its cavity at this place, where the whole weight of the body bears upon it, and conſequently would otherwiſe be conſtantly in danger of thruſting it out.—As theſe brims are extended downwards and forwards, they become leſs; and at their internal lower part a breach is made in them; from the one ſide of which to the other, a ligament is placed in the recent ſubject; under which a large hole is left, which contains a fatty cellular ſubſtance and veſſels. The reaſon of which appearance has afforded matter of debate. To me it ſeems evidently contrived for allowing a larger motion to the thigh inwards: For if the bony brims had been here continued, the neck of the thigh-bone muſt have ſtruck upon them when the thighs were brought acroſs each other; which, in a large ſtrong motion this way, would have endangered the neck of the one bone, or brim of the other. Then the veſſels which are diſtributed to the joint may ſafely enter at the ſinuoſity in the bottom of the breach; which being, however, larger than is neceſſary for that purpoſe, allows the larger mucilaginous gland of the joint to eſcape below the ligament, when the head of the thigh-bone is in hazard of preſſing too much upon it in the motions of the thigh outwards (*c*).—Beſides this difference in the height of the brims, the acetabulum

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(*b*) Coxæ, coxendicis.

(*c*) Petit. Memoires de l'acad. des ſciences, 1722.

lum is otherwiſe unequal: for the lower internal part of it is depreſſed below the cartilaginous ſurface of the upper part, and is not covered with cartilage; into the upper part of this particular depreſſion, where it is deepeſt and of a ſemilunar form, the ligament of the thigh-bone, commonly, though improperly, called the *round* one, is inſerted; while, in its more ſuperficial lower part, the large mucilaginous gland of this joint is lodged. The largeſt ſhare of this ſeparate depreſſion is formed in the os iſchium.

From what has been ſaid of the condition of the three bones compoſing this acetabulum in new-born children, it muſt be evident that a conſiderable part of this cavity is cartilaginous in them.

THE *oſſa innominata* are *joined* at their back-part to each ſide of the os ſacrum by a ſort of ſuture, with a very thin intervening cartilage, which ſerves as ſo much glue to cement thoſe bones together; and ſtrong ligaments go from the circumference of this unequal ſurface, to connect them more firmly. The oſſa innominata are connected together at their fore-part by the ligamentous cartilage interpoſed between the two oſſa pubis.—Theſe bones can therefore have no motion in a natural ſtate, except what is common to the trunk of the body, or to the os ſacrum. But it has been diſputed, whether or not they looſen ſo much from each other, and from the os ſacrum, in child-birth, by the flow of mucus to the pelvis, and by the throes of labour, as that the oſſa pubis recede from each other, and thereby allow the paſſage between the bones to be enlarged.——Several obſervations (*d*) ſhow that this relaxation ſometimes happens: But thoſe who had frequently opportunities of diſſecting the bodies of women who died immediately after being delivered of children,

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(*d*) Bauhin. Theat. anat. lib. 1. cap. 49.—Spigel. Anat. lib. 2. cap. 24.——Riolan. Anthropog. lib. 6. cap. 12.——Diemerbroek, Anat. lib. 9. cap. 16.

dren, teach us to beware of regarding this as the common effect of child-birth; for they found ſuch a relaxation in very few of the bodies which they examined (*e*).

Conſidering what great weight is ſupported in our erect poſture, by the articulation of the oſſa innominata with the os ſacrum, there is great reaſon to think, that if the conglutinated ſurfaces of theſe bones were once ſeparated, (without which the oſſa pubis cannot ſhuffle on each other), the ligaments would be violently ſtretched, if not torn; from whence many diſorders would ariſe (*f*).

Each os innominatum affords a ſocket (the acetabulum) for the thigh-bones to move in; and the trunk of the body rolls here ſo much on the heads of the thigh-bones, as to allow the moſt conſpicuous motions of the trunk, which are commonly thought to be performed by the bones of the ſpine.——This articulation is to be more fully deſcribed after the oſſa femoris are examined.

The pelvis, then, has a large open above where it is continued with the abdomen; is ſtrongly fenced by bones on the ſides, back and fore part; and appears with a wide opening below, in the ſkeleton; but, in recent ſubject, a conſiderable part of the opening is filled by the ſacroſciatic ligaments, pyriform, internal obturator, levatores ani, gemini, and coccygæi muſcles, which ſupport and protect the contained parts better than bones could have done; ſo that ſpace is only left at the loweſt part of it, for the large excretories, the veſica urinaria, inteſtinum rectum, and, in females, the uterus, to diſcharge themſelves.

§ 3. *Bones*

(*e*) Hildan. epiſt. cent. obſ. 46.——Dionis Sixieme demonſt. des os.——Morgagn. Adverſ. 3. animad. 15.

(*f*) Ludov. in Ephem. German. dec. 1. ann. 3. obſ. 255.

§ 3. *Bones of the* THORAX.

THE THORAX (*g*), or *cheſt*, which is the only part of the trunk of the body which we have not yet deſcribed, reaches from below the neck to the belly; and, by means of the bones that guard it, is formed into a large cavity: The figure of which is ſomewhat conoidal: but its upper ſmaller end is not finiſhed, being left open for the paſſage of the wind-pipe, gullet, and large blood-veſſels; and its lower part, or baſe, has no bones, and is ſhorter before than behind; ſo that, to carry on our compariſon, it appears like an oblique ſection of the conoid. Beſides which, we ought alſo to remark, that the lower part of this cavity is narrower than ſome way above (*h*); and that the middle of its back-part is conſiderably diminiſhed by the bones ſtanding forwards into it.

The bones which form the thorax are the twelve dorſal vertebræ behind, the ribs on the ſides, and the ſternum before.

The vertebræ have already been deſcribed as part of the ſpine; and therefore are now to be paſſed.

THE RIBS.

THE ribs, or *coſtæ* (*i*), (as if they were *cuſtodes*, or guards, to thoſe principal organs of the animal machine, the heart and lungs), are the long crooked bones placed at the ſide of the cheſt, in an oblique direction downwards in reſpect of the back-bone.——Their number is generally twelve on each ſide; though frequently eleven or thirteen have been found (*k*).——Sometimes the ribs are found preternaturaly conjoined or divided (*l*).

The

(*g*) Pectus, caſſum.

(*h*) Albin. de offib. § 169.

(*i*) Πλευραι, περιστερνα, σπαθαι.

(*k*) Riolan. Comment. de oſſibus, cap. 19.—Marchetti, cap. 9. Cowper Explicat. tab. 93. and 94.—Morgagn. Adverſ. anat.

(*l*) Sue trad. d'oſteolog. p. 141.

The ribs are all concave internally; where they are alſo made ſmooth by the action of the contained parts, which, on this account, are in no danger of being hurt by them; and they are convex externally, that they might reſiſt that part of the preſſure of the atmoſphere which is not balanced by the air within the lungs during *inſpiration.*——The ends of the ribs next the vertebræ are rounder than they are after theſe bones have advanced forwards, when they become flatter and broader, and have an upper and lower edge, each of which is made rough by the action of the intercoſtal muſcles inſerted into them. Theſe muſcles, being all of nearly equal force, and equally ſtretched in the interſtices of the ribs, prevent the broken ends of theſe bones, in a fracture, from being removed far out of their natural place, to interrupt the motion of the vital organs.—The upper edge of the ribs is more obtuſe and rounder than the lower, which is depreſſed on its internal ſide by a long foſſa, for lodging the intercoſtal veſſels and nerves; on each ſide of which there is a ridge, to which the intercoſtal muſcles are fixed. The foſſa is not obſervable, however, at either end of the ribs; for, at the poſterior or root, the veſſels have not yet reached the ribs; and, at the fore-end, they are ſplit away into branches, to ſerve the parts between the ribs: Which plainly teaches ſurgeons one reaſon of the greater ſafety of performing the operation of the empyema towards the ſides of the thorax, than either near the back or the breaſt.

At the poſterior end (*m*) of each rib, a little head is formed, which is divided by a middle ridge into two plain or hollow ſurfaces; the loweſt of which is the broadeſt and deepeſt in moſt of them. The two plains are joined to the bodies of two different vertebræ, and the ridge forces itſelf into the intervening cartilage.—A little way from this head, we find, on the external ſurface, a ſmall cavity, where mucilaginous glands are lodged;

(*m*) Κοπιον, Remulus.

lodged; and round the head, the bone appears ſpongy, where the capſular ligament of the articulation is fixed.——Immediately beyond this a flatted tubercle riſes, with a ſmall cavity at and roughneſs about its root, for the articulation of the rib with the tranſverſe proceſs of the loweſt of the two vertebræ, with the bodies of which the head of the rib is joined.—Advancing farther on this external ſurface, we obſerve in moſt of the ribs another ſmaller tubercle, into which ligaments which connect the ribs to each other, and to the tranſverſe proceſſes of the vertebræ and portions of the longiſſimus dorſi, are inſerted.—Beyond this the ribs are made flat by the ſacro-lumbalis muſcle, which is inſerted into the part of this flat ſurface fartheſt from the ſpine, where each rib makes a conſiderable curve, called by ſome its *angle*.—Then the rib begins to turn broad, and continues ſo to its anterior end (*n*), which is hollow and ſpongy, for the reception of, and firm coalition with, the cartilage that runs thence to be inſerted into the ſternum, or to be joined with ſome other cartilage.—In adults, generally the cavity at this end of the ribs is ſmooth and poliſhed on its ſurface; by which the articulation of the cartilage with it has the appearance of being deſigned for motion, but it has none.

The *ſubſtance* of the ribs is ſpongy, cellular, and only covered with a very thin external lamellated ſurface, which increaſes in thickneſs and ſtrength as it approaches the vertebræ.

To the fore-end of each rib a long broad and ſtrong cartilage is fixed, and reaches thence to the ſternum, or is joined to the cartilage of the next rib. This courſe, however, is not in a ſtraight line with the rib; for generally the cartilages make a conſiderable curve, the concave part of which is upwards; therefore, at their inſertion into the ſternum, they make an obtuſe angle above, and an acute one below.—Theſe cartilages

(*n*) Πλατη, Palmula.

ges are of ſuch a length as never to allow the ribs to come to a right angle with the ſpine; but they keep them ſituated ſo obliquely as to make them angle very conſiderably obtuſe above, till a force exceeding the elaſticity of the cartilage is applied.—Theſe cartilages, as all others, are firmer and harder internally than they are on their external ſurface; and ſometimes, in old people, all their middle ſubſtance becomes bony, while a thin cartilaginous lamella appears externally (*o*). The oſſification, however, begins frequently at the external ſurface.—The greateſt alternate motions of the cartilages being made at their great curvature, that part remains frequently cartilaginous, after all the reſt is oſſified (*p*).

The ribs then are *articulated* at each end, of which the one behind is doubly joined to the vertebræ; for the head is received into the cavities of two bodies of the vertebræ, and the larger tubercle is received into the depreſſion in the tranſverſe proceſs of the lower vertebra.—When one examines the double articulation, he muſt immediately ſee, that no other motion can here be allowed than upwards and downwards; ſince the tranſverſe proceſs hinders the rib to be thruſt back; the reſiſtance on the other ſide of the ſternum prevents the ribs coming forward; and each of the two joints, with the other parts attached, oppoſe its turning round. But then it is likewiſe as evident, that even the motion upwards and downwards can be but ſmall in any one rib at the articulation itſelf. But as the ribs advance forwards, the diſtance from their centre of motion increaſing, the motion muſt be larger; and it would be very conſpicuous at their anterior ends, were not they reſiſted there by the cartilages, which yield ſo little, that the principal motion is performed by the middle part of the ribs, which turns outwards and upwards, and occaſions the twiſt remarkable in the long ribs at

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(*o*) Veſal. lib. 2. cap. 19.

(*p*) Havers, Oſteolog. Nov. diſc. 5. p. 289.

at the place near their fore-end where they are moſt reſiſted (*q*).

Hitherto I have laid down the ſtructure and connection which moſt of the ribs enjoy, as belonging to all of them; but muſt now conſider the ſpecialties wherein any of them differ from the general deſcription given, or from each other.

In viewing the ribs from above downwards, their figure is ſtill ſtraighter; the uppermoſt being the moſt crooked of any.—Their obliquity in reſpect of the ſpine increaſes as they deſcend; ſo that though their diſtances from each other is very little different at their back-part, yet at their fore-ends the diſtances between the lower ones muſt increaſe.—In conſequence, too, of this increaſed obliquity of the lower ribs, each of their cartilages makes a greater curve in its progreſs from the rib towards the ſternum; and the tubercles, that are articulated to the tranſverſe proceſſes of the vertebræ, have their ſmooth ſurfaces gradually facing more upwards.—The ribs becoming thus more oblique, while the ſternum advances forwards in its deſcent, makes the diſtance between the ſternum and the anterior end of the lower ribs greater than between the ſternum and the ribs above; conſequently the cartilages of thoſe ribs that are joined to the breaſt-bone are longer in the lower than in the higher ones.—Theſe cartilages are placed nearer to each other as the ribs deſcend, which occaſions the curvature of the cartilages to be greater.

The length of the ribs increaſes from the firſt and uppermoſt rib, as far down as the ſeventh; and from that to the twelfth, as gradually diminiſhes.—The ſuperior of the two plain, or rather hollow ſurfaces, by which the ribs are articulated to the bodies of the vertebræ, gradually increaſes from the firſt to the fourth rib, and is diminiſhed after that in each lower rib.—The diſtance of their angles from the heads always increaſes

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(*q*) Winſlow Memoires de l'acad. des ſciences, 1720.

creaſes as they deſcend to the ninth, becauſe of the greater breadth of the ſacrolumbalis muſcle (*r*).

The ribs are commonly divided into *true* and *falſe*.

The *true* (*ſ*) coſtæ are the ſeven upper ones of each ſide, whoſe cartilages are all gradually longer as the ribs deſcend, and are joined to the breaſt-bone: ſo that, being preſſed conſtantly between two bones, they are flatted at both ends; and are thicker, harder, and more liable to oſſify, than the other cartilages that are not ſubject to ſo much preſſure. Theſe ribs include the heart and lungs; and therefore are the proper or true *cuſtodes* of life.

The five inferior ribs of each ſide are the *falſe* or *baſtard* (*t*), whoſe cartilages do not reach to the ſternum; and therefore, wanting the reſiſtance at their fore-part, they are there pointed; and on this account, having leſs preſſure, their ſubſtance is ſofter.——The cartilages of theſe falſe ribs are ſhorter as the ribs deſcend.—To all theſe five ribs the circular edge of the diaphragm is connected; and its fibres, inſtead of being ſtretched immediately tranſverſely, and ſo running perpendicular to the ribs, are preſſed ſo as to be often, eſpecially in exſpiration, parallel to the plane in which the ribs lie: Nay, one may judge by the attachments which theſe fibres have ſo frequently to the ſides of the thorax a conſiderable way above where their extremities are inſerted into the ribs, and by the ſituation of the viſcera always to be obſerved in a dead ſubject laid ſupine, that there is conſtantly a large concavity formed on each ſide by the diaphragm within theſe baſtard-ribs, in which the ſtomach, liver, ſpleen, &c. are contained; which being only reckoned among the viſcera naturalia, have occaſioned the name of *baſtard cuſtodes* to theſe bones.

Hence

(*r*) Winſlow, Expoſition anatomique des os ſecs, § 643.

(*ſ*) Γνησαι. Germanæ, legitimæ.

(*t*) Μαλθακαι, χονδρωδεις, ακανθαι, κλινες, ροαι, Adulterinæ, ſpuriæ, illegitimæ.

Hence, in ſimple fractures of the falſe ribs, without fever, the ſtomach ought to be kept moderately filled with food, leſt the pendulous ribs falling inwards; ſhould thereby increaſe the pain, cough, &c. (*u*).——Hence likewiſe we may learn how to judge better of the ſeat of ſeveral diſeaſes, and to do the operation of the empyema, and ſome others, with more ſafety than we can do if we follow the common directions.

The eight upper ribs were formerly (*x*) claſſed into pairs, with particular names to each two, to wit, the *crooked*, the *ſolid*, the *pectoral*, the *twiſted*: But theſe names are of ſo little uſe, that they are now generally neglected.

The firſt rib of each ſide is ſo ſituated, that the flat ſides are above and below, while one edge is placed inwards and the other outwards, or nearly ſo; therefore ſufficient ſpace is left above it for the ſubclavian veſſels and muſcle; and the broad concave ſurface is oppoſed to the lungs: But then, in conſequence of this ſituation, the channel for the intercoſtal veſſels is not to be found; and the edges are differently formed from all the other, except the ſecond; the lower one being rounded, and the other ſharp.——The head of this rib is not divided into two plain ſurfaces by a middle ridge, becauſe it is only articulated with the firſt vertebra of the thorax.——Its cartilage is oſſified in adults, and is united to the ſternum at right angles.——Frequently this firſt rib has a ridge riſing near the middle of its poſterior edge, where one of the heads of the ſcalenus muſcle riſes.—Farther forward it is flatted, or ſometimes depreſſed by the clavicle.

The fifth, ſixth, and ſeventh, or rather the ſixth, ſeventh, eighth, and ſometimes the fifth, ſixth, ſeventh, eighth, ninth ribs, have their cartilages at leaſt contiguous; and frequently they are joined to each other

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(*u*) Hippocrat. de articulo, § 51.——Paré, lib. 15. cap. 11.

(*x*) Laurent. Hiſt. Anat. lib. 2. cap. 29.——Paaw, de oſſibus, pars 3. cap. 2.

other by croſs cartilages; and moſt commonly the cartilages of the eighth, ninth, tenth, are connected to the former and to each other by firm ligaments.

The eleventh, and ſometimes the tenth rib, has no tubercle for its articulation with the tranſverſe proceſs of the vertebra, to which it is only looſely fixed by ligaments.——The foſſa in its lower edge is not ſo deep as in the upper ribs, becauſe the veſſels run more towards the interſtice between the ribs.——Its fore-end is ſmaller than its body, and its ſhort ſmall cartilage is but looſely connected to the cartilage of the rib above.

The twelfth rib is the ſhorteſt and ſtraighteſt.——Its head is only articulated with the laſt vertebra of the thorax; therefore is not divided into two ſurfaces.——This rib is not joined to the tranſverſe proceſs of the vertebra; and therefore has no tubercle, being often pulled neceſſarily inwards by the diaphragm, which an articulation with the tranſverſe proceſs would not have allowed.——The foſſa is not found at its under edge, becauſe the veſſels run below it.——The fore-part of this rib is ſmaller than its middle, and has only a very ſmall pointed cartilage fixed to it.——To its whole internal ſide the diaphragm is connected.

The motions and uſes of the ribs ſhall be more particularly treated of after the deſcription of the ſternum.

The heads and tubercles of the ribs of a new-born child have cartilages on them; part of which becomes afterwards thin epiphyſes.——The bodies of the ribs encroach gradually after birth upon the cartilages; ſo that the latter are proportionally ſhorter, when compared to the ribs, in adults than in children.

Here I cannot help remarking the wiſe providence of our Creator, in preſerving us from periſhing as ſoon as we come into the world. The end of the bones of the limbs remain in a cartilaginous ſtate after birth, and are many years before they are entirely united to the main body of their ſeveral bones; whereas the condyles of the occipital bone, and of the lower jaw, are true original proceſſes, and oſſified before birth; and the heads and tubercles of the ribs are nearly in the ſame condition: and therefore the weight of the large head is firmly ſupported; the actions of ſucking, ſwallowing, reſpiration, &c. which are indiſpenſably neceſſary for us as ſoon as we come into the world, are performed without danger of ſeparating the parts of the bones that are moſt preſſed on in theſe motions: Whereas, had theſe proceſſes of the head, jaw, and ribs, been epiphyſes at birth, children muſt have been expoſed to danger of dying by ſuch a ſeparation; the immediate conſequences of which would be the compreſſion of the beginning of the ſpinal marrow, or want of food, or a ſtop put to reſpiration.

THE STERNUM.

THE ſternum (*y*), or breaſt-bone, is the broad flat bone, or pile of bones, at the fore-part of the thorax. The number of bones which this ſhould be divided into, has occaſioned debates among anatomiſts, who have conſidered it in ſubjects of different ages.——In adults of a middle age, it is compoſed of three bones, which eaſily ſeparate after the cartilages connecting them are deſtroyed. Frequently the two lower bones are found intimately united; and very often, in old people, the ſternum is a continued bony ſubſtance from one end to the other; though we ſtill obſerve two, ſometimes three, tranſverſe lines on its ſurface; which are marks of the former diviſions.

When we conſider the ſternum as one bone, we find it broadeſt and thickeſt above, and becoming ſmaller as it deſcends. The internal ſurface of this bone is ſomewhat hollowed for enlarging the thorax: but the convexity on the external ſurface is not ſo conſpicuous, becauſe the ſides are preſſed outwards by the true ribs; the round heads of whoſe cartilages are received into ſeven

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(*y*) Στηθος, Os pectoris, enſiforme, ſcutum cordis.

ſeven ſmooth pits formed in each ſide of the ſternum, and are kept firm there by ſtrong ligaments, which on the external ſurface have a particular radiated texture (*z*). Frequently the cartilaginous fibres thruſt themſelves into the bony ſubſtance of the ſternum, and are joined by a ſort of ſuture.—The pits at the upper part of the ſternum are at the greateſt diſtance one from another, and, as they deſcend, are nearer; ſo that the two loweſt are contiguous.

The *ſubſtance* of the breaſt-bone is cellular, with a very thin external plate, eſpecially on its internal ſurface, where we may frequently obſerve a cartilaginous cruſt ſpread over it. (*a*)—On both ſurfaces, however, a ſtrong ligamentous membrane is cloſely braced; and the cells of this bone are ſo ſmall, that a conſiderable quantity of oſſeous fibres muſt be employed in the compoſition of it. Whence, with the defence which the muſcles give it, and the moveable ſupport it has from the cartilages, it is ſufficiently ſecured from being broken: for it is ſtrong by its quantity of bone; its parts are kept together by ligaments; and it yields enough to elude conſiderably the violence offered (*b*).

So far may be ſaid of this bone in *general;* but the *three* bones, of which, according to the common account, it is compoſed in adults, are each to be examined.

The *firſt*, all agree, is ſomewhat of the figure of a heart, as it is commonly painted; only it does not terminate in a ſharp point.—This is the uppermoſt thickeſt part of the ſternum.

The upper middle part of this firſt bone, where it is thickeſt, is hollowed, to make place for the trachea arteria; though this cavity (*c*) is principally formed by the bone being raiſed on each ſide of it, partly by the clavicles

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(*z*) Ruyſch. Catalog. Rar. fig. 9.

(*a*) Jac. Sylv. in Galen de oſſibus, cap. 12.

(*b*) Senec. in Memoires de l'acad. des ſciences, 1724.

(*c*) Σφαγη, Jugulum, furcula ſuperior.

clavicles thruſting it inwards, and partly by the ſterno-maſtoidei muſcles pulling it upwards.——On the outſide of each tubercle there is an oblong cavity, that, in viewing it tranſverſely from before backwards, appears a little convex. Into theſe glenæ the ends of the clavicles are received.—Immediately below theſe, the ſides of this bone begin to turn thinner; and in each a ſuperficial cavity or a rough ſurface is to be ſeen, where the firſt ribs are received or joined to the ſternum——In the ſide of the under-end of this firſt bone, the half of the pit for the ſecond rib on each ſide is formed.——The upper part of the ſurface behind is covered with a ſtrong ligament, which ſecures the clavicles; and is afterwards to be more particularly taken notice of.

The *ſecond* or middle diviſion of this bone is much longer, narrower, and thinner, than the firſt; but excepting that it is a little narrower above than below, it is nearly equal all over in its dimenſions of breadth or thickneſs.——In the ſides of it are complete pits for the third, fourth, fifth, and ſixth ribs, and an half of the pits for the ſecond and ſeventh; the lines, which are marks of the former diviſion of this bone, being extended from the middle of the pits of one ſide to the middle of the correſponding pits of the other ſide.——Near its middle an unoſſified part of the bone is ſometimes found; which, freed of the ligamentous membrane or cartilage that fills it, is deſcribed as a hole: and in this place, for the moſt part, we may obſerve a tranſverſe line, which has made authors divide this bone into two.—When the cartilage between this and the firſt bone is not oſſified, a manifeſt motion of this upon the firſt may be obſerved in reſpiration, or in raiſing the ſternum, by pulling the ribs upwards, or diſtending the lungs with air in a recent ſubject.

The *third* bone is much leſs than the other two, and has only one half of the pit for the ſeventh rib formed in it; wherefore it might be reckoned only an appendix of the ſternum.—In young ſubjects it is always cartilaginous, and is better known by the name of *cartilago xiphoides* or *enſiformis* (*d*) than any other: though the ancients often called the whole ſternum *enſiforme;* comparing the two firſt bones to the handle, and this appendix to the blade, of a ſword.——This third bone is ſeldom of the ſame figure, magnitude, or ſituation, in any two ſubjects; for ſometimes it is a plain triangular bone, with one of the angles below, and perpendicular to the middle of the upper ſide, by which it is connected to the ſecond bone.—In other people the point is turned to one ſide, or obliquely forwards or backwards. Frequently it is all nearly of an equal breadth, and in ſeveral ſubjects it is bifurcated; whence ſome writers give it the name of *furcella* or *furcula inferior;* or elſe it is unoſſified in the middle.——In the greateſt number of adults, it is oſſified, and tipped with a cartilage; in ſome, one half of it is cartilaginous; and in others, it is all in a cartilaginous ſtate.——Generally ſeveral oblique ligaments, fixed at one end to the cartilages of the ribs, and by the other to the outer ſurface of the xiphoid bone, connect it firmly to thoſe cartilages (*e*).

So many different ways this ſmall bone may be formed without any inconvenience: But then ſome of theſe poſitions may be ſo directed, as to bring on a great train of ill conſequences; particularly when the lower end is oſſified, and is too much turned outwards or inwards (*f*), or when the conjunction of this *appendix* with the ſecond bone is too weak (*g*).

The

(*d*) Clypealis, gladialis, mucronata, malum granatum, ſcutum ſtomachi, epiglottalis, cultralis, medium furculæ inferiores, ſcutiformis, enſiculata.

(*e*) Weitbrecht, Syndeſmolog. p. 121.

(*f*) Rolfinc. Differt. Anat. lib. 2. cap. 41.——Paaw de oſſib. pars 1. cap. 3. & pars 3. cap. 3.——Codronchi de prolapſu cartilagin. mucronat.

(*g*) Paaw, de oſſib. pars 1. cap. 3. & part 3. cap. 3.—Borrich. Act. Hafn. vol. 5. ob. 79.—Bonet. Sepulchret. Anat. tom. 2. lib. 3. § 5. Append. ad obſ. 8. et ibid. § 7. obſ. 19.

The ſternum is *joined* by cartilages to the ſeven upper ribs, unleſs when the firſt coaleſces with it in an intimate union of ſubſtance; and its unequal cavity on each ſide of its upper end is fitted for the ends of the clavicles.

The ſternum moſt frequently has four round ſmall bones, ſurrounded with cartilage, in children born at the full time; the uppermoſt of theſe, which is the firſt bone, being the largeſt.——Two or three other very ſmall bony points are likewiſe to be ſeen in ſeveral children.—The number of bones increaſes for ſome years, and then diminiſhes, but uncertainly, till they are at laſt united into thoſe above deſcribed of an adult.

The *uſes* of this bone are, to afford origin and inſertion to ſeveral muſcles; to ſuſtain the mediaſtinum; to defend the vital organs, the heart and lungs, at the fore-part; and, laſtly, by ſerving as a moveable fulcrum of the ribs, to aſſiſt conſiderably in reſpiration: which action, ſo far as it depends on the motion of the bones, we are now at liberty to explain.

When the ribs that are connected by their cartilages to the ſternum, or to the cartilages of the true ribs, are acted upon by the intercoſtal muſcles, they muſt all be pulled from the oblique poſition which their cartilages kept them in, nearer to right angles with the vertebræ and ſternum, becauſe the firſt or uppermoſt rib is by much the moſt fixed of any; and the cartilages making a great reſiſtance to raiſing the anterior ends of the ribs, their large arched middle parts turn outwards as well as upwards.——The ſternum, preſſed ſtrongly on both ſides by the cartilages of the ribs, is puſhed forwards, and that at its ſeveral parts, in proportion to the length and motion of its ſupporters the ribs; that is, moſt at its lower end.——The ſternum and the cartilages, thus raiſed forwards, muſt draw the diaphragm connected to them; conſequently ſo far ſtretch it, and bring it nearer to a plane. The power that raiſes this bone and the cartilages, fixes them ſufficiently to make them reſiſt the action of the diaphragm, whoſe fibres contract at the ſame time, and thruſt the viſcera of the abdomen downwards.——The arched part of the ribs being thus moved outwards, their anterior ends and the ſternum being advanced forwards, and the diaphragm being brought nearer to a plain ſurface, inſtead of being greatly convex on each ſide within each cavity of the thorax, it is evident how conſiderably the cavity, of which the nine or ten upper ribs are the ſides, muſt be widened, and made deeper and longer. While this is doing in the upper ribs, the lower ones, whoſe cartilages are not joined to the ſternum or to other cartilages, move very differently, tho' they conſpire to the ſame intention, the enlargement of the thorax: for having no fixed point to which their anterior ends are faſtened, and the diaphragm being inſerted into them at the place where it runs pretty ſtraight upwards from its origin at the vertebræ, theſe ribs are drawn downwards by this ſtrong muſcle, and by the muſcles of the abdomen, which at this time are reſiſting the ſtretching force of the bowels; while the intercoſtal muſcles are pulling them in the contrary direction, to wit, upwards. The effect, therefore, of either of theſe powers, which are antagoniſts to each other, is very little, as to moving the ribs either up or down; but the muſcles of the abdomen, puſhed at this time outwards by the viſcera, carry theſe ribs along with them.——Thus the thorax is not only not allowed to be ſhortened, but is really widened at its lower part, to aſſiſt in making ſufficient ſpace for the due diſtention of the lungs.

As ſoon as the action of theſe ſeveral muſcles ceaſes, the elaſtic cartilages, extending themſelves to their natural ſituation, depreſs the upper ribs, and the ſternum ſubſides; the diaphragm is thruſt up by the viſcera abdominalia, and the oblique and tranſverſe muſcles of the belly ſerve to draw the inferior ribs inwards at the ſame time.——By theſe cauſes, the cavity of the breaſt is diminiſhed in all its dimenſions.

Though the motions above deſcribed of the ribs and ſternum, eſpecially of the latter bone, are ſo ſmall in the mild reſpiration of a healthy perſon, that we can ſcarce obſerve them ; yet they are manifeſt whenever we deſignedly increaſe our reſpiration, or are obliged to do it after exerciſe, and in ſeveral diſeaſes.

SECT. III. OF THE SUPERIOR EXTREMITIES.

AUTHORS are much divided in their opinions about the number of bones which each ſuperior extremity (*h*) ſhould be ſaid to conſiſt of ; ſome deſcribing the clavicle and ſcapula as part of it, others claſſing theſe two bones with thoſe of the thorax : But ſince moſt quadrupeds have no clavicles, and the human thorax can perform its functions right when the ſcapula is taken away (*i*), whereas it is impoſſible for us to have the right uſe of our arms without theſe bones, I muſt think that they belong to the ſuperior extremities ; and therefore ſhall divide each of them into the ſhoulder, arm, fore-arm, and hand.

§ 1. *Bones of the* SHOULDER.

THE SHOULDER conſiſts of the *clavicle* and *ſcapula*.

CLAVICULA.

CLAVICULA, or *collar-bone* (*k*), is the long crooked bone, in figure like an Italic *ſ*, placed almoſt horizontally

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(*h*) Κωλα, γυα, εκφυαδες, Enata, adnata, explantata membra, artus.

(*i*) Philoſoph. Tranſact. numb. 449. § 5.

(*k*) Os jugulare, jugulum, furcula, ligula, clavis, humerus quibuſdam.

tally between the upper lateral part of the ſternum, and what is commonly called the top of the ſhoulder; which, as a clavis or beam, it bears off from the trunk of the body.

The clavicle, as well as other long round bones, is larger at its two ends than in the middle. The end next to the ſternum (*l*) is triangular: The angle behind is conſiderably protruded, to form a ſharp ridge, to which the tranſverſe ligament, extended from one clavicle to the other, is fixed (*m*). The ſide oppoſite to this is ſomewhat rounded. The middle of this protuberant end is as irregularly hollowed as the cavity in the ſternum for receiving it is raiſed: but, in a recent ſubject, the irregular concavities of both are ſupplied by a moveable cartilage; which is not only much more cloſely connected every where by ligaments to the circumference of the articulation than thoſe of the lower jaw are, but it grows to the two bones at both its internal and external end; its ſubſtance at the external end being ſoft, but very ſtrong, and reſembling the intervertebral cartilages (*n*).

From this internal end, the clavicle, for about two-fifths of its length, is bended obliquely forwards and downwards. On the upper and fore part of this curvature a ſmall ridge is ſeen, with a plain rough ſurface before it; whence the muſculus ſterno-hyoideus and ſterno-maſtoideus have in part their origin. Near the lower angle a ſmall plain ſurface is often to be remarked, where the firſt rib and this bone are contiguous (*o*), and are connected by a firm ligament (*p*). From this a rough plain ſurface is extended outwards, where the pectoral muſcle has part of its origin. Behind, the

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(*l*) Παρασφαγις.

(*m*) Riolan. Encheirid. anat. lib. 6. cap. 13.——Winſlow, Expoſ. Anat. des os frais, § 248.——Weitbrecht. Act. Petropolit. tom. 4. p. 255. et Syndeſmolog. ſect. 2. I. § 3.

(*n*) Weitbrecht. Syndeſmolog. ſect. 2. I. § 6.

(*o*) Dionis, Sixieme demonſt. des os.

(*p*) Weitbrecht. Syndeſmolog. ſect. 2. I. § 7.

bone is made flat and rough by the inſertion of the larger ſhare of the ſubclavian muſcle. After the clavicle begins to be bended backwards, it is round: but it ſoon after becomes broad and thin; which ſhape it retains to its external end. Along the external concavity, a rough ſinuoſity runs, from which ſome part of the deltoid muſcle takes its riſe: Oppoſite to this, on the convex edge, a ſcabrous ridge gives inſertion to a ſhare of the cucullaris muſcle. The upper ſurface of the clavicle here is flat; but the lower is hollow, for lodging the beginning of the muſculus ſubclavius; and towards its back-part a tubercle riſes; to which, and a roughneſs near it, the ſtrong ſhort thick ligament connecting this bone to the coracoid proceſs of the ſcapula is fixed.

The external end (*q*) of this bone is horizontally oblong, ſmooth, ſloping at the poſterior ſide, and tipped in a recent ſubject with a cartilage, for its articulation with the acromion ſcapulæ. Round this the bone is ſpongy, for the firmer connection of the ligaments.

The medullary arteries having their direction obliquely outwards, enter the clavicles by one or more ſmall paſſages in the middle of their back-part.

The *ſubſtance* of this bone is the ſame as of the other round long bones.

The triangular unequal interior end of each clavicle has the cartilage above deſcribed interpoſed betwixt it and the irregular cavity of the ſternum ——The ligaments which ſurround this articulation to ſecure it, are ſo ſhort and ſtrong, that little motion can be allowed any way; and the ſtrong ligament that is ſtretched acroſs the upper furcula of the ſternum, from the poſterior prominent angle of the one clavicle to the ſame place of the other clavicle, ſerves to keep each of theſe bones more firmly in their place.——By the aſſiſtance, however, of the moveable intervening cartilage, the clavicle can, at this joint, be raiſed or depreſſed, and moved

(*q*) Επωμις.

moved backwards and forwards ſo much, as that the external end, which is at a great diſtance from that axis, enjoys very conſpicuous motions. The articulation of the exterior end of the clavicle ſhall be conſidered after the deſcription of the ſcapula.

The clavicles of infants are not deficient in any of their parts; nor have they any epiphyſes at their extremities joined afterwards to their bodies, as moſt other ſuch long bones have, which preſerves them from being bended too much, and from the danger of any unoſſified parts being ſeparated by the force which pulls the arms forwards.

The *uſes* of the clavicles are, to keep the ſcapulæ, and conſequently all the ſuperior extremities, from falling in and forward upon the thorax; by which, as in moſt quadrupeds, the motions of the arms would be much confined, and the breaſt made too narrow. The clavicles likewiſe afford origin to ſeveral muſcles, and a defence to large veſſels.

From the ſituation, figure, and uſe of the clavicles, it is evident that they are much expoſed to fractures; that their broken parts muſt generally go by each other; and that they are difficultly kept in their place afterwards.

SCAPULA.

Scapula, or *ſhoulder-blade* (q), is the triangular bone ſituated on the outſide of the ribs; with its longeſt ſide, called its *baſe*, towards the ſpinal proceſſes of the vertebræ; and with the angle at the upper part of this ſide about three inches, and the lower angle at a greater diſtance, from theſe proceſſes. The back-part of the ſcapula has nothing but the thin ends of the ſerratus anticus major and ſubſcapularis muſcles between it and the ribs: But as this bone advances forwards, its diſtance from the ribs increaſes. The upper or ſhorteſt ſide,

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(r) Ωμοπλατος, επινωτιον, Latitudo humeri; ſceptulum vel ſcutulum opertum, ſpatula, ala, humerus, clypeus, ſcutum thoracis.

ſide, called the *ſuperior coſta* of the ſcapula, is nearly horizontal, and parallel with the ſecond rib. The lower ſide, which is named the *inferior coſta*, is extended obliquely from the third to the eighth rib. The ſituation of this bone, here deſcribed, is when people are ſitting or ſtanding in a ſtate of inactivity, and allowing the members to remain in the moſt natural eaſy poſture. The inferior angle of the ſcapula is very acute; the upper one is near to a right angle; and what is called the anterior does not deſerve the name, for the two ſides do not meet to form an angle. The body of this bone is concave towards the ribs, and convex behind, where it has the name of *dorſum* (*s*) Three proceſſes are generally reckoned to proceed from the ſcapula. The firſt is the large ſpine that riſes from its convex ſurface behind, and divides it unequally. The ſecond proceſs ſtands out from the fore-part of the upper ſide; and, from its imaginary reſemblance to a crow's beak, is named *coracoides* (*t*). The third proceſs is the whole thick bulbous fore-part of the bone.

After thus naming the ſeveral conſtituent parts of the ſcapula, the particular deſcription will be more eaſily underſtood.

The baſe, which is tipped with cartilage in a young ſubject, is not all ſtraight: for above the ſpine it runs obliquely forwards to the ſuperior angle, that here it might not be too protuberant backwards, and ſo bruiſe the muſcles and teguments. Into the oblique ſpace the muſculus patientiæ is inſerted. At the root of the ſpine, on the back-part of the baſe, a triangular plain ſurface is formed by the preſſure of the lower fibres of the trapezius. Below this the edge of the ſcapula is ſcabrous and rough, for the inſertion of the ſerratus major anticus and rhomboid muſcles.

The back-part of the inferior angle is made ſmooth by the latiſſimus dorſi paſſing over it. This muſcle alſo alters

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(*s*) Χελυνιον.

(*t*) Anchoroides, ſigmoides, digitalis, anciſtroides.

alters the direction of the inferior coſta ſome way forwards from this angle: and ſo far it is flatted behind by the origin of the teres major. As the inferior coſta advances forward, it is of conſiderable thickneſs, is ſlightly hollowed and made ſmooth behind by the teres minor, while it has a foſſa formed into it below by part of the ſubſcapularis; and between the two a ridge with a ſmall depreſſion appears, where the longus extenſor cubiti has its origin.

The ſuperior coſta is very thin: and near its forepart there is a ſemilunar niche, from one end of which to the other a ligament is ſtretched; and ſometimes the bone is continued to form one, or ſometimes two, holes for the paſſage of the ſcapular blood-veſſels and nerves. Immediately behind this ſemilunar cavity the coracohyoid muſcle has its riſe. From the niche to the termination of the foſſa for the teres minor, the ſcapula is narrower than any where elſe, and ſupports the third proceſs. This part has the name of *cervix*.

The whole dorſum of the ſcapula is always ſaid to be convex; but, by reaſon of the raiſed edges that ſurround it, it is divided into two cavities by the ſpine, which is ſtretched from behind forwards, much nearer to the ſuperior than to the inferior coſta.—The cavity above the ſpine is really concave where the ſupra-ſpinatus muſcle is lodged; while the ſurface of this bone below the ſpine, on which the infra-ſpinatus muſcle is placed, is convex, except a foſſa that runs at the ſide of the inferior coſta.

The internal or anterior ſurface of this bone is hollow, except in the part above the ſpine, which is convex.——The ſubſcapularis muſcle is extended over this ſurface, where it forms ſeveral ridges and intermediate depreſſions, commonly miſtaken for prints of the ribs; they point out the interſtices of the bundles of fibres of which the ſubſcapularis muſcle is compoſed (*u*).

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(*u*) Winſlow, in Memoires de l'acad. des ſciences, 1722.

The ſpine (*x*) riſes ſmall at the baſe of the ſcapula, and becomes higher and broader as it advances forwards.——On the ſides it is unequally hollowed and crooked, by the actions of the adjacent muſcles.——Its ridge (*y*) is divided into two rough flat ſurfaces: Into the upper one, the trapezius muſcle is inſerted; and the lower one has part of the deltoid fixed to it.——The end of the ſpine, called *acromion* (*z*), or top of the ſhoulder, is broad and flat, and is ſometimes only joined to the ſpine by a cartilage (*a*).—The anterior edge of the acromion is flat, ſmooth, and covered with a cartilage, for its articulation with the external end of the clavicle; and it is hollowed below, to allow a paſſage to the infra and ſupra ſpinati muſcles, and free motion to the os humeri.

The coracoid (*b*) proceſs is crooked, with its point inclining forwards; ſo that a hollow is left at the lower ſide of its root, for the paſſage of the infra-ſcapularis muſcle.———The end of this proceſs is marked with three plain ſurfaces. Into the internal, the ſerratus minor anticus is inſerted: from the external, one head of the biceps flexor cubiti riſes; and from the lower one, the coraco-brachialis has its origin. At the upper part of the root of this proceſs, immediately before the ſemilunar cavity, a ſmooth tubercle appears, where a ligament from the clavicle is fixed. From all the external ſide of this coracoid apophyſe, a broad ligament goes out, which becomes narrower where it is fixed to the acromion. The ſharp pain, violent inflammation, and tedious cure of contuſions in this part, are probably owing to theſe tendons and ligaments being hurt.

From the cervix ſcapulæ the third proceſs is produced.

(*x*) Ραχις, υπεροχη ωμοπλατων, Eminentia ſcapularum.

(*y*) Pterigium, criſta.

(*z*) Επωμις αγκυροειδης, κορακοειδης, κατακλεις, Acromii os, ſummus armus, roſtrum porcinum, proceſſus digitalis.

(*a*) Sue Trad. d'oſteol. p. 160.

(*b*) 'Αγκυροειδης, σιγμοειδης, Roſtriformis.

ced. The fore-part of this is formed into a glenoid cavity (*c*), which is of the ſhape of the longitudinal ſection of an egg, being broad below and narrow above. Between the brims of this hollow and the fore-part of the root of the ſpine, a large ſinuoſity is left for the tranſmiſſion of the ſupra and infra ſpinati muſcles; and on the upper part of theſe brims we may remark a ſmooth ſurface, where the ſecond head of the biceps flexor cubiti has its origin. The root of the ſupercilia is rough all round, for the firmer adheſion of the capſular ligament of the articulation, and of the cartilage which is placed on theſe brims, where it is thick, but becomes very thin as it is continued towards the middle of the cavity, which it lines all over.

The medullary veſſels enter the ſcapula near the baſe of the ſpine.

The *ſubſtance* of the ſcapula, as in all other broad flat bones, is cellular, but of an unequal thickneſs: for the neck and third proceſs are thick and ſtrong; the inferior coſta, ſpine, and coracoid proceſs, are of a middle thickneſs; and the body is ſo preſſed by the muſcles, as to become thin and diaphanous.

The ſcapula and clavicle are *joined* by plain ſurfaces, tipped with cartilage (*d*); by which neither bone is allowed any conſiderable motion, being tightly tied down by the common capſular ligament, and by a very ſtrong one which proceeds from the coracoid proceſs; but divides into two before it is fixed into the clavicle, with ſuch a direction, as can either allow this bone to have a ſmall rotation, in which its poſterior edge turns more backwards, while the anterior one riſes farther forwards; or it can yield to the fore-part of the ſcapula moving downwards, while the back-part of it is drawn upwards; in both which caſes, the oblong ſmooth articulated ſurfaces of the clavicle and ſcapula are not in the ſame plane, but ſtand a little tranſverſely, or acroſs each

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(*c*) Ωμοκοτυλις.

(*d*) Acromion, κατακλεις, Clauſuræ.

each other, and thereby preſerve this joint from luxations, to which it would be ſubject if either of the bones was to move on the other perpendicularly up and down, without any rotation.——Sometimes a moveable ligamentous cartilage is found in this joint; otherwhiles ſuch a cartilage is only interpoſed at the anterior half of it; and in ſome old ſubjects I have found a ſeſamoid bone here (*e*). The ſcapula is connected to the head, os hyoides, vertebræ, ribs, and arm-bone, by muſcles, that have one end faſtened to theſe bones, and the other to the ſcapula, which can move it upwards, downwards, backwards, or forwards; by the quick ſucceſſion of theſe motions, its whole body is carried in a circle. But being alſo often moved as upon an axis perpendicular to its plane, its circumference turns in a circle whoſe centre this axis is (*f*). Whichever of theſe motions it performs, it always carries the outer end of the clavicle and the arm along with it.—The glenoid cavity of this bone receives the os humeri, which plays in it as a ball in a ſocket, as will be explained more hereafter.

The *uſe* of the ſcapula is, to ſerve as a fulcrum to the arm; and, by altering its poſition on different occaſions, to allow always the head of the os humeri a right-ſituated ſocket to move in; and thereby to aſſiſt and to enlarge greatly the motions of the ſuperior extremity, and to afford the muſcles which riſe from it more advantageous actions, by altering their directions to the bone which they are to move.——This bone alſo ſerves to defend the back-part of the thorax, and is often employed to ſuſtain weights, or to reſiſt forces, too great for the arm to bear.

The baſe, acromion, coracoid proceſs, and head of the ſcapula, are all in a cartilaginous ſtate at birth; and the three firſt are joined as epiphyſes; while the head, with the glenoid cavity, is not formed into a diſtinct

(*e*) Jac. Sylv. Iſagog. Anat. lib. 1. cap. 2.

(*f*) See Winſlow, Memoires de l'acad. des ſciences, 1726.

diſtinct ſeparate bone, but is gradually produced by the oſſification of the body of this bone being continued forwards.

§ 2. *The* ARM.

THE *Arm* has only one bone, beſt known by the Latin name of *os humeri* (*g*); which is long, round, and nearly ſtraight.

The upper end of this bone (*h*) is formed into a large round ſmooth head, whoſe middle point is not in a ſtraight line with the axis of the bone, but ſtands obliquely backwards from it.——The extent of the head is diſtinguiſhed by a circular foſſa ſurrounding its baſe, where the head is united to the bone, and the capſular ligament of the joint is fixed.——Below the fore-part of its baſe two tubercles ſtand out: The ſmalleſt one, which is ſituated moſt to the inſide, has the tendon of the ſubſcapularis muſcle inſerted into it.——The larger more external protuberance is divided, at its upper part, into three ſmooth plain ſurfaces; into the anterior of which the muſculus ſupra-ſpinatus; into the middle or largeſt, the infra-ſpinatus; into the one behind, the teres minor, is inſerted.—Between theſe two tubercles, exactly in the fore-part of the bone, a deep long foſſa is formed, for lodging the tendinous head of the biceps flexor cubiti; which, after paſſing, in a manner peculiar to itſelf, through the cavity of the articulation, is tied down by a tendinous ſheath extended acroſs the foſſa; in which, and in the neighbouring tubercles, are ſeveral remarkable holes, which are penetrated by the tendinous and ligamentous fibres, and by veſſels.—On each ſide of this foſſa, as it deſcends in the os humeri, a rough ridge, gently flatted in the middle, runs from the roots of the tubercles. The tendon of the

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(*g*) Ακρολια, αλενη, Os brachii, armi, adjutorium, parvum, brachium, çanna brachii.

(*h*) Acrocolium.

the pectoral muſcle is fixed into the anterior of theſe ridges, and the latiſſimus dorſi and teres major are inſerted into the internal one. A little behind the lower end of this laſt, another rough ridge may be obſerved, where the coraco-brachialis is inſerted. From the back-part of the root of the largeſt tubercle a ridge alſo is continued, from which the brevis extenſor cubiti riſes. This bone is flatted on the inſide, about its middle, by the belly of the biceps flexor cubiti. In the middle of this plain ſurface, the entry of the medullary artery is ſeen ſlanting obliquely downwards. At the fore-ſide of this plane the bone riſes in a ſort of ridge, which is rough, and often has a great many ſmall holes in it, where the tendon of the ſtrong deltoid muſcle is inſerted; on each ſide of which the bone is ſmooth and flat, where the brachiæus internus riſes. The exterior of theſe two flat ſurfaces is the largeſt; behind it a ſuperficial ſpiral channel, formed by the muſcular nerve and the veſſels that accompany it, runs from behind forwards and downwards. The body of the os humeri is flatted behind by the extenſors of the fore-arm.

Near the lower end of this bone, a large ſharp ridge is extended on its outſide, from which the muſculus ſpinator radii longus, and the longeſt head of the extenſor carpi radialis, riſe. Oppoſite to this, there is another ſmall ridge to which the aponeurotic tendon, that gives origin to the fibres of the internal and external brachiæi muſcles, is fixed; and from a little depreſſion on the fore-ſide of it, the pronator radii teres riſes.

The body of the os humeri becomes gradually broader towards the lower end, where it has ſeveral proceſſes; at the roots of which there is a cavity before and another behind (*i*). The anterior is divided by a ridge into two; the external, which is the leaſt, receives the end of the radius; and the internal receives the coronoid

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(*i*) Βαθμιδεις.

noid proceſs of the ulna in the flexions of the fore-arm, while the poſterior deep triangular cavity lodges the olecranon in the extenſions of that member. The bone betwixt theſe two cavities is preſſed ſo thin by the proceſſes of the ulna, as to appear diaphanous in ſeveral ſubjects. The ſides of the poſterior cavity are ſtretched out into two proceſſes, one on each ſide: Theſe are called *condyles*; from each of which a ſtrong ligament goes out to the bones of the fore-arm. The external condyle, which has an oblique direction alſo forwards in reſpect of the internal, when the arm is in the moſt natural poſture (*k*), is equally broad, and has an obtuſe ſmooth head riſing from it forwards. From the rough part of the condyle, the inferior head of the bicornis, the extenſor digitorum communis, extenſor carpi ulnaris, anconæus, and ſome part of the ſpinator radii brevis, take their riſe; and on the ſmooth head the upper end of the radius plays. Immediately on the outſide of this, there is a ſinuoſity made by the ſhorter head of the bicornis muſcle, upon which the muſcular nerve is placed. The internal condyle is more pointed and protuberant than the external, to give origin to ſome part of the flexor carpi radialis, pronator radii teres, palmaris longus, flexor digitorum ſublimis, and flexor carpi ulnaris. Between the two condyles, is the trochlea or pulley; which conſiſts of two lateral protuberances, and a middle cavity, that are ſmooth and covered with cartilage. When the fore-arm is extended, the tendon of the internal brachiæus muſcle is lodged in the fore-part of the cavity of this pulley. The external protuberance, which is leſs than the other, has a ſharp edge behind; but forwards, this ridge is obtuſe, and only ſeparated from the little head, already deſcribed, by a ſmall foſſa, in which the joined edges of the ulna and radius move. The internal protuberance of the pulley is largeſt and higheſt; and therefore, in the motions of the ulna upon it, that bone would be inclined outwards

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(*k*) Winſlow, Memoires de l'acad. des ſciences, 1722.

outwards, were it not ſupported by the radius on that ſide.——Between this internal protuberance and condyle, a ſinuoſity may be remarked, where the ulnar nerve paſſes.

The *ſubſtance* and the internal ſtructure of the os humeri is the ſame, and diſpoſed in the ſame way, as in other long bones.

The round head at the upper end of this bone is *articulated* with the glenoid cavity of the ſcapula; which being ſuperficial, and having long ligaments, allows the arm a free and extenſive motion.——Theſe ligaments are, however, conſiderably ſtrong. For, beſides the common capſular one, the tendons of the muſcles perform the office, and have been deſcribed under the name of *ligaments*.——Then the acromion and coracoid proceſs, with the ſtrong broad ligaments ſtretched betwixt them, ſecure the articulation above, where the greateſt and moſt frequent force is applied to thruſt the head of the bone out of its place. It is true, that there is not near ſo ſtrong a defence at the lower part of the articulation; but, in the ordinary poſtures of the arm, that is, ſo long as it is at an acute angle with the trunk of the body, there cannot be any force applied at this place to occaſion a luxation, ſince the joint is protected ſo well above.

The motions which the arm enjoys by this articulation are to every ſide; and by the ſucceſſion of theſe different motions, a circle may be deſcribed. Beſides which, the bone performs a ſmall rotation round its own axis. But though this can be performed with the round head in all poſitions; yet as theſe vary, the effects upon the body of the bone are very different: For if the middle of the head is the centre of rotation, as it is when the arm hangs down by the ſide, the body of the bone is only moved forwards and backwards; becauſe the axis of motion of the head is nearly at right angles with the length of the bone (*l*); whereas, when the arm is

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(*l*) Hippocrat. de articul. § 1.

is raiſed to right angles with the trunk of the body, the centre of motion, and the axis of the bone, come to be of the ſame ſtraight line; and therefore the body of the os humeri performs the ſame motion with its head. Though the motions of the arm ſeem to be very extenſive, yet the larger ſhare of them depends on the motions of the ſcapula. The lower end of the os humeri is articulated with the bones of the fore-arm, and carries them with it in all its motions, but ſerves as a baſe on which they perform the motions peculiar to themſelves; as ſhall be deſcribed afterwards.

Both the ends of this bone are cartilaginous in a new-born infant, and the large head with the two tubercles, and the trochlea with the two condyles, become epiphyſes before they are united to the body of the bone.

§ 3. *The* FORE-ARM.

THE fore-arm (*m*) conſiſts of two long bones, the *ulna* and *radius;* whoſe ſituation, in reſpect of each other, is oblique in the leaſt ſtraining or moſt natural poſture; that is, the ulna is not directly behind, nor on the outſide of the radius, but in a middle ſituation between theſe two, and the radius croſſes it. The ſituation, however, of theſe bones, and of all the other bones of the ſuperior extremity that are not yet deſcribed, is frequently altered: and therefore, to ſhun repetitions, I deſire it may be now remarked, that, in the remaining account of the ſuperior extremity, I underſtand by the term of *poſterior*, that part which is in the ſame direction with the back of the hand; by *anterior*, that anſwering to the palm; by *internal*, that on the ſame ſide with the thumb; by *external*, the ſide neareſt to the little finger; ſuppoſing the hand always to be in a middle poſition between the pronation and ſupination.

(*m*) Cubitus, πηχυς, ωλενη, πυγων, Ulna, lacertus.

ULNA.

Ulna (*n*), ſo named from its being uſed as a meaſure, is the longeſt of the two bones of the fore-arm, and ſituated on the outſide of the radius.

At the upper end of the ulna are two proceſſes.——The poſterior is the largeſt, and formed like a hook, whoſe concave ſurface moves upon the pulley of the os humeri, and is called *olecranon* (*o*), or top of the cubit. The convex back-part of it is rough and ſcabrous, where the longus, brevis, and brachiæus externus, are inſerted. The olecranon makes it unneceſſary that the tendons of the extenſor muſcles ſhould paſs over the end of the os humeri; which would have been of ill conſequence in the great flexions of this joint, or when any conſiderable force is applied to this part (*p*). The anterior proceſs is not ſo large, nor does it reach ſo high, as the one behind; but is ſharper at its end, and therefore is named *coronoid*.—Between theſe two proceſſes, a large ſemicircular or ſigmoid concavity is left; the ſurface of which, on each ſide of a middle riſing, is ſlanting, and exactly adapted to the pulley of the bone of the arm.——Acroſs the middle of it, there is a ſmall ſinuoſity for lodging mucilaginous glands; where, as well as in a ſmall hollow on the internal ſide of it, the cartilage that lines the reſt of its ſurface is wanting.—Round the brims of this concavity the bone is rough, where the capſular ligament of the joint is implanted. ——Immediately below the olecranon, on the back-part of the ulna, a flat triangular ſpongy ſurface appears, on which we commonly lean.——At the internal ſide of this, there is a larger hollow ſurface, where the muſculus anconæus is lodged; and the ridge at the in-

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(*n*) Cubitus, πηχυς, προπηχυον, Focile majus, canna vel arundo major, et inferior brachii.

(*o*) Αγκων. Gibber cubitus, addittamentum necatum.

(*p*) Winſlow, Expoſition anatomique du corps humain, traité des os ſecs, § 979.

inſide of this gives riſe to the muſculus ſupinator radii brevis.—Between the top of the ridge and the coronoid proceſs is the ſemilunated ſmooth cavity, lined with cartilage; in which, and a ligament extended from the one to the other end of this cavity, the round head of the radius plays.—Immediately below it, a rough hollow gives lodging to mucilaginous glands.—Below the root of the coronoid proceſs, this bone is ſcabrous and unequal, where the brachiæus internus is inſerted.—On the outſide of that, we obſerve a ſmooth concavity, where the beginning of the flexor digitorum profundus ſprouts out.

The body of the ulna is triangular.—The internal angle is very ſharp where the ligament that connects the two bones is fixed: The ſides which make this angle are flat and rough, by the action and adheſion of the many muſcles which are ſituated here. At the diſtance of one-third of the length of the ulna from the top, in its fore-part, the paſſage of the medullary veſſels is to be remarked ſlanting upwards. The external ſide of this bone is ſmooth, ſomewhat convex, and the angles at each edge of it are blunted by the preſſure of the muſcles equally diſpoſed about them.

As this bone deſcends, it becomes gradually ſmaller; ſo that its lower end terminates in a little head, ſtanding on a ſmall neck. Towards the fore but outer part of which laſt, an oblique ridge runs, that gives riſe to the pronator radii quadratus. The head is round, ſmooth, and covered with a cartilage on its internal ſide, to be received into the ſemilunar cavity of the radius; while a ſtyloid proceſs (q) riſes from its outſide, to which is fixed a ſtrong ligament that is extended to the os cuneiforme and piſiforme of the wriſt. Between the back-part of that internal ſmooth ſide and this proceſs, a ſinuoſity is left for the tendon of the extenſor carpi ulnaris. On the fore-part of the root of the proceſs, ſuch another depreſſion may be remarked for the

(q) Γραφοειδὴς Malleolus externus.

ſage of the ulnar artery and nerve. The end of the bone is ſmooth, and covered with a cartilage. Between it and the bones of the wriſt, a doubly concave moveable cartilage is interpoſed; which is a continuation of the cartilage that covers the lower end of the radius, and is connected looſely to the root of the ſtyloid proceſs, and to the rough cavity there; in which mucilaginous glands are lodged.

The ulna is articulated above with the lower end of the os humeri, where theſe bones have depreſſions and protuberances correſponding to each other, ſo as to allow an eaſy and ſecure extenſion of the fore-arm to almoſt a ſtraight line with the arm, and flexion to a very acute angle; but, by the ſlanting poſition of the pulley, the lower part of the fore-arm is turned outwards in the extenſion, and inwards in the flexion (*r*); and a very ſmall kind of rotation is likewiſe allowed in all poſitions, eſpecially when the ligaments are moſt relaxed by the fore-arm being in a middle degree of flexion. The ulna is alſo articulated with the radius and carpus, in a manner to be related afterwards.

RADIUS.

RADIUS (*s*), ſo called from its imagined reſemblance to a ſpoke of a wheel or to a weaver's beam, is the bone placed at the inſide of the fore-arm. Its upper end is formed into a circular little head, which is hollowed for an articulation with the tubercle at the ſide of the pulley of the os humeri; and the half of the round circumference of the head next to the ulna is ſmooth, and covered with a cartilage, in order to be received into the ſemilunated cavity of that bone.—— Below the head, the radius is much ſmaller; therefore this part is named its *cervix*, which is made round by the action of the ſupinator radii brevis.——At the external root of this neck, a tuberous proceſs riſes; into the

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(*r*) Winſlow, Memoires de l'acad. des ſciences, 1722.

(*s*) Κερχὶς, παραπήχιον, Focile minus; canna minor, arundo minor.

the outer part of which the biceps flexor cubiti is inſerted.——From this a ridge runs downwards and inwards, where the ſupinator radii brevis is inſerted; and a little below, and behind this ridge, there is a rough ſcabrous ſurface, where the pronator radii teres is fixed.

The body of the radius is not ſtraight, but convex on its internal and poſterior ſurfaces; where it is alſo made round by the equal preſſure of the circumjacent muſcles, particularly of the extenſors of the thumb; but the ſurfaces next to the ulna are flatted and rough, for the origin of the muſcles of the hand; and both terminate in a common ſharp ſpine, to which the ſtrong ligament extended betwixt the two bones of the forearm is fixed. A little below the beginning of the plain ſurface, on its fore-part, where the flexor muſcle of the laſt joint of the thumb takes its origin, the paſſage of the medullary veſſels is ſeen ſlanting upwards. The radius becomes broader and flatter towards the lower end, eſpecially on its fore-part, where its pronator quadratus muſcle is ſituated.

The lower end of the radius is larger than the ſuperior; though not in ſuch a diſproportion as the upper end of the ulna is larger than its lower end.——Its back-part has a flat ſtrong ridge in the middle, and foſſæ on each ſide——In a ſmall groove, immediately on the outſide of the ridge, the tendon of the extenſor tertii internodii pollicis plays. In a large one beyond this, the tendons of the indicator and of the common extenſor muſcles of the fingers paſs.——Contiguous to the ulna there is a ſmall depreſſion made by the extenſor minimi digiti.——On the inſide of the ridge there is a broad depreſſion, which ſeems again ſubdivided, where the two tendons of the bicornis, or extenſor carpi radialis, are lodged. The internal ſide of this end of the radius is alſo hollowed by the extenſors of the firſt and ſecond joint of the thumb; immediately above which, a little rough ſurface ſhows where the ſupinator radii longus is inſerted.—The ridges at the ſides of the grooves, in which the tendons play, have an annular ligament fixed to them, by which the ſeveral ſheaths for the tendons are formed. The fore-part of this end of the radius is alſo depreſſed, where the flexors of the fingers and flexor carpi radialis paſs.——The external ſide is formed into a ſemilunated ſmooth cavity, lined with a cartilage, for receiving the lower end of the ulna.——The loweſt part of the radius is formed into an oblong cavity; in the middle of which is a ſmall tranſverſe riſing, gently hollowed, for lodging mucilaginous glands; while the riſing itſelf is inſinuated into the conjunction of the two bones of the wriſt that are received into the cavity.—The internal ſide of this articulation is fenced by a remarkable proceſs (*t*) of the radius, from which a ligament goes out to the wriſt, as the ſtyloid proceſs of the ulna with its ligament guards it on the outſide.

The ends of both the bones of the fore-arm being thicker than the middle, there is a conſiderable diſtance between the bodies of theſe bones; in the larger part of which a ſtrong tendinous, but thin ligament, is extended, to give a large enough ſurface for the origin of the numerous fibres of the muſcles ſituated here, that are ſo much ſunk between the bones as to be protected from injuries, which they would otherwiſe be expoſed to. But this ligament is wanting near the upper end of the fore-arm, where the ſupinator radii brevis, and flexor digitorum profundus, are immediately connected (*u*).

Both ends of the bones of the fore-arm are firſt cartilages, and then epiphyſes, in children.

As the head of the radius receives the tubercle of the os humeri, it is not only bended and extended along with the ulna, but may be moved round its axis in any poſition; and that this motion round its axis may be ſufficiently large, the ligament of the articulation is extended

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(*t*) Malleollus internus, proceſſus ſtyloides.

(*u*) Weitbrecht. Syndeſmolog. fig. 10, 11.

tended farther down than ordinary on the neck of this bone, before it is connected to it; and it is very thin at its upper and lower part, but makes a firm ring in the middle. This bone is alſo joined to the ulna by a double articulation: for above, a tubercle of the radius plays in a ſocket of the ulna; whilſt below, the radius gives the ſocket, and the ulna the tubercle. But then the motion performed in theſe two is very different: for, at the upper end, the radius does no more than turn round its axis; while, at the lower end, it moves in a ſort of cycloid upon the round part of the ulna; and as the hand is articulated and firmly connected here with the radius, they muſt move together.—When the palm is turned uppermoſt, the radius is ſaid to perform the *ſupination*: when the back of the hand is above, it is ſaid to be *prone*. But then the quickneſs and large extent of theſe two motions are aſſiſted by the ulna, which, as was before obſerved, can move with a kind of ſmall rotation on the ſloping ſides of the pulley. This lateral motion, though very inconſiderable in the joint itſelf, is conſpicuous at the lower end of ſuch a long bone; and the ſtrong ligament connecting this lower end to the carpus, makes the hand more readily to obey theſe motions. When we deſign a large circular turn of our hand, we increaſe it by the rotation of the os humeri, and ſometimes employ the ſpine and inferior extremities to make theſe motions of pronation or ſupination of the hand large enough.

§ 4. *The* HAND.

THE hand (*x*) comprehends all from the joint of the wriſt to the points of the fingers. Its back-part is convex, for greater firmneſs and ſtrength; and it is concave before, for containing more ſurely and conveniently ſuch bodies as we take hold of. One half of the hand has an obſcure motion in compariſon of what the other

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(*x*) Ἀκροχειρ, Summa manus.

has, and ſerves as a baſe to the moveable half; which can be extended back very little farther than to a ſtraight line with the fore-arm, but can be conſiderably bended forwards.

As the bones that compoſe the hand are of different ſhapes and uſes, while ſeveral of them that are contiguous agree in ſome general characters; the hand is, on this account, commonly divided into carpus, metacarpus, and fingers; among which laſt the thumb is reckoned.

CARPUS.

THE carpus (*y*) is compoſed of eight ſmall ſpongy bones, ſituated at the upper part of the hand. I ſhall deſcribe each of theſe bones, under a proper name taken from their figure (*z*); becauſe the method of ranging them by numbers leaves anatomiſts too much at liberty to debate, very idly, which ought to be preferred to the firſt number; or, which is worſe, ſeveral, without explaining the order they obſerve, differently apply the ſame numbers, and ſo confound their readers. But, that the deſcription of theſe bones may be in the ſame order as they are found in the generality of anatomical books, I ſhall begin with the range of bones that are concerned in the moveable joint of the wriſt, or are connected to the fore-arm, and ſhall afterwards conſider the four that ſupport the thumb and oſſa metacarpi of the fingers.

The eight bones of the CARPUS are, Os ſcaphoides, lunare, cuneiforme, piſiforme, trapezium, trapezoides, magnum, unciforme.

The *ſcaphoides* is ſituated moſt internally of thoſe that are articulated with the fore-arm. The *lunare* is immediately on the outſide of the former.——The *cuneiforme* is placed ſtill more externally, but does not reach ſo high up as the other two.——The *piſiforme* ſtands forwards

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(*y*) Κτεις, Brachiale, prima palmæ pars, raſetta,

(*z*) Lyſer. Cult. Anat. lib 5. cap. 2.

wards into the palm from the *cuneiforme*.—The *trapezium* is the firſt of the ſecond row, and is ſituated betwixt the ſcaphoides and firſt joint of the thumb.—The *trapezoides* is immediately on the outſide of the trapezium.—The *os magnum* is ſtill more external.—The *unciforme* is farther to the ſide of the little finger.

Os ſcaphoides (*a*) is the largeſt of the eight, excepting one. It is convex above, concave and oblong below; from which ſmall reſemblance of a boat it has got its name. Its ſmooth convex ſurface is divided by a rough middle foſſa, which runs obliquely croſs it. The upper largeſt diviſion is articulated with the radius. Into the foſſa the common ligament of the joint of the wriſt is fixed; and the lower diviſion is joined to the trapezium and trapezoides. The concavity receives more than an half of the round head of the os magnum. The external ſide of this hollow is formed into a ſemilunar plane, to be articulated with the following bone.—The internal, poſterior, and anterior edges are rough, for fixing the ligaments that connect it to the ſurrounding bones.

Os lunare (*b*) has a ſmooth convex upper ſurface, by which it is articulated with the radius. The internal ſide, which gives the name to the bone, is in the form of a creſcent, and is joined with the ſcaphoid;——the lower ſurface is hollow, for receiving part of the head of the os magnum. On the outſide of this cavity is another ſmooth, but narrow, oblong ſinuoſity, for receiving the upper end of the os unciforme:—on the outſide of which a ſmall convexity is found, for its connection with the os cuneiforme. Between the great convexity above, and the firſt deep inferior cavity, there is a rough foſſa, in which the circular ligament of the joint of the wriſt is fixed.

Os cuneiforme (*c*) is broader above, and towards the back of the hand, than it is below and forwards; which

gives

(*a*) κοτυλοειδες, Naviculare.

(*b*) Lunatum.

(*c*) Triquetrum.

gives it the reſemblance of a wedge. The ſuperior ſlightly convex ſurface is included in the joint of the wriſt, being oppoſed to the lower end of the ulna.—Below this the cuneiform bone has a rough foſſa, wherein the ligament of the articulation of the wriſt is fixed. On the internal ſide of this bone, where it is contiguous to the os lunare, it is ſmooth and ſlightly concave. Its lower ſurface, where it is contiguous to the os unciforme is oblong, ſomewhat ſpiral, and concave. Near the middle of its anterior ſurface a circular plane appears, where the os piſiforme is ſuſtained.

Os piſiforme (*d*) is almoſt ſpherical, except one circular plane, or ſlightly hollow ſurface, which is covered with cartilage for its motion on the cuneiform bone, from which its whole rough body is prominent forwards into the palm; having the tendon of the flexor carpi ulnaris, and a ligament from the ſtyloid proceſs of the ulna, fixed to its upper part; the tranſverſe ligament of the wriſt is connected to its internal ſide; ligaments extended to the unciform bone, and to the os metacarpi of the little finger, are attached to its lower part; the abductor minimi digiti has its origin from its fore-part; and, at the internal ſide of it, a ſmall depreſſion is formed, for the paſſage of the ulnar nerve.

Trapezium (*e*) has four unequal ſides and angles in its back-part, from which it has got its name.——Above, its ſurface is ſmooth, ſlightly hollowed, and ſemicircular, for its conjunction with the os ſcaphoides.——Its external ſide is an oblong concave ſquare, for receiving the following bone. The inferior ſurface is formed into a pulley; the two protuberant ſides of which are external and internal. On this pulley the firſt bone of the thumb is moved.——At the external ſide of the external protuberance, a ſmall oblong ſmooth ſurface is formed by the os metacarpi indicis. The fore-part of the trapezium is prominent in the palm, and near to

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(*d*) Cartilaginoſum, ſubrotundum, rectum.

(*e*) Os cubiforme, trapezoides, multangulum, majus.

to the external ſide has a ſinuoſity in it, where the tendon of the flexor carpi radialis is lodged; on the ligamentous ſheath of which the tendon of the flexor tertii internodii pollicis plays: And ſtill more externally the bone is ſcabrous, where the tranſverſe ligament of the wriſt is connected, the abductor and flexor primi internodii pollicis have their origin, and ligaments go out to the firſt bone of the thumb.

Os trapezoides (*f*), ſo called from the irregular quadrangular figure of its back-part, is the ſmalleſt bone of the wriſt except the piſiforme. The figure of it is an irregular cube. It has a ſmall hollow ſurface above, by which it joins the ſcaphoides; a long convex one internally, where it is contiguous to the trapezium; a ſmall external one, for its conjunction with the os magnum; and an inferior convex ſurface, the edges of which are, however, ſo raiſed before and behind, that a ſort of pulley is formed, where it ſuſtains the os metacarpi indicis.

Os magnum (*g*) ſo called becauſe it is the largeſt bone of the carpus, is oblong, having four quadrangular ſides, with a round upper end, and a triangular plain one below. The round head is divided by a ſmall riſing, oppoſite to the connection of the os ſcaphoides and lunare, which together form the cavity for receiving it. On the inſide a ſhort plain ſurface joins the os magnum to the trapezoides. On the outſide is a long narrow concave ſurface, where it is contiguous to the os unciforme. The lower end, which ſuſtains the metacarpal bone of the middle finger, is triangular, ſlightly hollowed, and farther advanced on the internal ſide than on the external, having a conſiderable oblong depreſſion made on the advanced inſide by the metacarpal bone of the fore-finger; and generally there is a ſmall mark of the os metacarpi digiti annularis on its external ſide.

Os

(*f*) Trapezium, multangulum minus.

(*g*) Maximum, capitatum.

Os unciforme (*h*) has got its name from a thin broad proceſs that ſtands out from it forwards into the palm, and is hollow on its inſide, for affording paſſage to the tendons of the flexors of the fingers. To this proceſs alſo the tranſverſe ligament is fixed that binds down and defends theſe tendons; and the flexor and abductor muſcles of the little finger have part of their origin from it. The upper plain ſurface is ſmall, convex, and joined with the os lunare: The internal ſide is long, and ſlightly convex, adapted to the contiguous os magnum. The external ſurface is oblique, and irregularly convex, to be articulated with the cuneiform bone. The lower end is divided into two concave ſurfaces; the external is joined with the metacarpal bone of the little finger; and the internal one is fitted to the metacarpal bone of the ring-finger.

In the deſcription of the preceding eight bones, I have only mentioned thoſe plain ſurfaces covered with cartilage, by which they are articulated to each other, or to ſome other bones, except in ſome few caſes, where ſomething extraordinary was to be obſerved; and I have deſignedly omitted the other rough ſurfaces, leſt, by crowding too many words in the deſcription of ſuch ſmall bones, the whole ſhould be unintelligible. But theſe ſcabrous parts of the bones may eaſily be underſtood after mentioning their figure, if it is obſerved, that they are generally found only towards the back or palm of the hand; that they are all plain, larger behind than before; and that they receive the different ligaments, by which they are either connected to neighbouring bones or to one another; for theſe ligaments cover all the bones, and are ſo accurately applied to them, that at firſt view the whole carpus of a recent ſubject appears one ſmooth bone (*i*).

As the ſurfaces of theſe bones are largeſt behind, the figure

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(*h*) Cuneiforme.

(*i*) Galen. de uſu part. lib. 2. cap. 8. For a particular deſcription of theſe ligaments, ſee Weitbrecht. Syndeſmolog. p. 5.—68.

figure of the whole conjoined muſt be convex there, and concave before; which concavity is ſtill more increaſed by the os piſiforme, and proceſs of the os unciforme, ſtanding forwards on one ſide, as the trapezium does on the other: And the bones are ſecurely kept in this form by the broad ſtrong tranſverſe ligament connected to thoſe parts of them that ſtand prominent into the palm of the hand. The convexity behind renders the whole fabric ſtronger, where it is moſt expoſed to injuries; and the large anterior hollow is neceſſary for a ſafe paſſage to the numerous veſſels, nerves, and tendons of the fingers.

The *ſubſtance* of theſe bones is ſpongy and cellular, but ſtrong in reſpect of their bulk.

The three firſt bones of the carpus make an oblong head, by which they are *articulated* with the cavity at the lower ends of the bones of the fore-arm, ſo as to allow motion to all ſides; and by a quick ſucceſſion of theſe motions, they may be moved in a circle. But as the joint is oblong, and therefore the two dimenſions are unequal, no motion is allowed to the carpus round its axis, except what it has in the pronation and ſupination along with the radius.——The articulation of the firſt three bones of the ſuperior row, with the bones of the inferior, is ſuch as allows of motion, eſpecially backwards and forwards; to the ſecurity and eaſineſs of which, the reception of the os magnum into the cavity formed by the ſcaphoides and lunare contributes conſiderably: And the greateſt number of the muſcles that ſerve for the motion of the wriſt on the radius, being inſerted beyond the conjunction of the firſt row of bones with the ſecond, act equally on this articulation as they do on the former; but the joint formed with the radius being the moſt eaſily moved, the firſt effect of theſe muſcles is on it; and the ſecond row of the carpus is only moved afterwards. By this means a larger motion of the wriſt is allowed than otherwiſe it could have had ſafely: for if as large motion had been given to one joint, the angle of flexion would have been very acute, and the ligaments muſt have been longer than was conſiſtent with the firmneſs and ſecurity of the joint. The other articulations of the bones here being by nearly plain ſurfaces, ſcarce allow of any more motion, becauſe of the ſtrong connecting ligaments, than to yield a little, and ſo elude the force of any external power; and to render the back of the wriſt a little more flat, or the palm more hollow, on proper occaſions. The articulations of the thumb and metacarpal bones ſhall be examined afterwards.

The *uſes* of the carpus are to ſerve as a baſe to the hand, to protect its tendons, and to afford it a free large motion.

All the bones of the carpus are in a cartilaginous ſtate at the time of birth.

On account of the many tendons that paſs upon the lower end of the fore-arm and the carpus, and of the numerous ligaments of theſe tendons and of the bones, which have lubricating liquors ſupplied to them, the pain of ſprains here is acute, the parts take long time to recover their tone, and their ſwellings are very obſtinate.

METACARPUS.

Metacarpus (*k*) conſiſts of four bones which ſuſtain the fingers. Each bone is long and round, with its ends larger than its body.——The upper end, which ſome call the baſe, is flat and oblong, without any conſiderable head or cavity; but it is however ſomewhat hollowed, for the articulation with the carpus: It is made flat and ſmooth on the ſides where theſe bones are contiguous to each other. Their bodies are flatted on their back-part by the tendons of the extenſors of the fingers. The anterior ſurface of theſe bodies is a little concave, eſpecially in their middle; along which

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(*k*) Κτεις, προκαρπιον, στηθος, ανδηρον, κτενιον, Poſtbrachiale, pectus, palma, pecten.

a ſharp ridge ſtands out, which ſeparates the muſculi interoſſei placed on each ſide of theſe bones, which are there made flat and plain by theſe muſcles.

Their lower ends are raiſed into large oblong ſmooth heads, whoſe greateſt extent is forwards from the axis of the bone. At the fore-part of each ſide of the root of each of theſe heads, one or two tubercles ſtand out, for fixing the ligaments that go from one metacarpal bone to another, to preſerve them from being drawn aſunder: Round the heads a rough ring may be remarked, for the capſular ligaments of the firſt joints of the fingers to be fixed to; and both ſides of theſe heads are flat, by preſſing on each other.

The *ſubſtance* of the metacarpal bones is the ſame with that of all long bones.

At the time of birth, theſe bones are cartilaginous at both ends, which afterwards become epiphyſes.

The metacarpal bones are *joined* above to the oſſa carpi and to each other by nearly plain ſurfaces. Theſe connections are not fit for large motions. The articulation of their round heads at the lower ends with the cavities of the firſt bones of the fingers, is to be taken notice of hereafter.

The concavity on the fore-part of theſe metacarpal bones, and the placing their baſes on the arched carpus, cauſe them to form a hollow in the palm of the hand, which is often uſeful to us. The ſpaces between them lodge muſcles, and their ſmall motion makes them fit ſupporters for the fingers to play on.

Though the oſſa metacarpi ſo far agree, yet they may be diſtinguiſhed from each other by the following marks.

The *os metacarpi indicis* is generally the longeſt.—— Its baſe, which is articulated with the os trapezoides, is hollow in the middle. The ſmall ridge on the internal ſide of this oblong cavity is ſmaller than the one oppoſite to it, and is made flat on the ſide by the trapezium. The exterior ridge is alſo ſmooth, and flat on its outſide,

ſide, for its conjunction with the os magnum; immediately below which a ſemicircular ſmooth flat ſurface ſhows the articulation of this to the ſecond metacarpal bone. The back-part of this baſe is flatted where the long head of the extenſor carpi radialis is inſerted, and its fore-part is prominent where the tendon of the flexor carpi radialis is fixed. The external ſide of the body of this bone is more hollowed by the action of muſcles, than the internal. The tubercle at the internal root of its head is larger than the external. Its baſe is ſo firmly fixed to the bone it is connected with, that it has no motion.

Os metacarpi medii digiti is generally the ſecond in length: but often it is as long as the former; ſometimes it is longer; and frequently it appears only to equal the firſt by the os magnum being farther advanced downwards than any other bone of the wriſt. Its baſe is a broad ſuperficial cavity, ſlanting outwards; the internal poſterior angle of which is ſo prominent, as to have the appearance of a proceſs. The internal ſide of this baſe is made plain in the ſame way as the external ſide of the former bone, while its external ſide has two hollow circular ſurfaces, for joining the third metacarpal bone; and between theſe ſurfaces there is a rough foſſa, for the adheſion of a ligament, and lodging mucilaginous glands. The ſhorter head of the bicornis is inſerted into the back-part of this baſe. The two ſides of this bone are almoſt equally flatted; only the ridge on the fore-part of the body inclines outwards. The tubercles at the fore-part of the root of the head are equal. The motion of this bone is very little more than the firſt metacarpal one has; and therefore theſe two firmly reſiſt bodies preſſed againſt them by the thumb or fingers, or both.

Os metacarpi digiti annularis is ſhorter than the ſecond metacarpal bone. Its baſe is ſemicircular and convex, for its conjunction with the os unciforme. On its internal ſide are too ſmooth convexities, and a middle foſſa, adapted to the ſecond metacarpal bone. The external ſide has a triangular ſmooth concave ſurface to join it with the fourth one. The anterior ridge of its body is ſituated more to the out than to the inſide.—— The tubercles near the head are equal.—The motion of this third metacarpal bone is greater than the motion of the ſecond.

Os metacarpi minimi digiti is the ſmalleſt and ſharpeſt. Its baſe is irregularly convex, and riſes ſlanting outwards.—Its internal ſide is exactly adapted to the third metacarpal bone.——The external has no ſmooth ſurface, becauſe it is not contiguous to any other bone; but it is prominent where the extenſor carpi ulnaris is inſerted.——As this metacarpal bone is furniſhed with a proper moving muſcle, has the plaineſt articulation, is moſt looſely connected and leaſt confined, it not only enjoys a much larger motion than any of the reſt, but draws the third bone with it, when the palm of the hand is to be made hollow by its advancement forwards, and by the prominence of the thumb oppoſite to it.

THUMB AND FINGERS.

The thumb and four fingers are each compoſed of three long bones.

The Thumb (*l*) is ſituated obliquely in reſpect of the fingers, neither oppoſite directly to them, nor in the ſame plane with them.—All its bones are much thicker and ſtronger in proportion to their length, than the bones of the fingers are: Which are extremely neceſſary, ſince the thumb counteracts all the fingers.

The firſt bone of the thumb has its baſe adapted to the double pulley of the trapezium: For, in viewing it from one ſide to the other, it appears convex in the middle; but when conſidered from behind forwards, it is concave there.—The edge at the fore-part of this

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(*l*) Αντιχειρ, δικόνδυλος, Magnus digitus, promanus.

baſe is produced farther than any other part; and round the back-part of the baſe a rough foſſa may be ſeen, for the connection of the ligaments of this joint. The body and head of this bone are of the ſame ſhape as the oſſa metacarpi; only that the body is ſhorter, and the head flatter, with the tubercles at the fore-part of its root larger.

The articulation of the upper end of this bone is uncommon: For, though it has protuberances and depreſſions adapted to the double pulley of the trapezium; yet it enjoys a circular motion, as the joints do where a round head of the one plays in the orbicular ſocket of another; only it is ſomewhat more confined, and leſs expeditious, but ſtronger and more ſecure than ſuch joints generally are.

This bone of children is in the ſame ſtate with the metacarpal bones.

The ſecond bone of the thumb has a large baſe formed into an oblong cavity, whoſe greateſt length is from one ſide to the other.—Round it ſeveral tubercles may be remarked, for the inſertion of ligaments.——Its body is convex, or a half-round behind; but flat before, for lodging the tendon of the long flexor of the thumb, which is tied down by ligamentous ſheaths that are fixed on each ſide to the angle at the edge of this flat ſurface.—The lower end of this ſecond bone has two lateral round protuberances, and a middle cavity, whoſe greateſt extent of ſmooth ſurface is forwards.

The articulation and motion of the upper end of this ſecond bone is as ſingular as that of the former.—For its cavity being joined to the round head of the firſt bone, it would ſeem at firſt view to enjoy motion in all directions; yet, becauſe of the ſtrength of its lateral ligaments, oblong figure of the joint itſelf, and mobility of the firſt joint, it only allows flexion and extenſion; and theſe are generally much confined.

The third bone of the thumb is the ſmalleſt, with a large baſe, whoſe greateſt extent is from one ſide to the other.—This baſe is formed into two cavities and a middle protuberance, to be adapted to the pulley of the former bone.—Its body is rounded behind; but is flatter than in the former bone, for ſuſtaining the nail.—It is flat and rough before, by the inſertion of the flexor tertii internodii.—This bone becomes gradually ſmaller, till near the lower end, where it is a little enlarged, and has an oval ſcabrous edge.

The motion of this third bone is confined to flexion and extenſion.

The orderly diſpoſition of the bones of the FINGERS into three rows, has made them generally obtain the name of three *phalanges* (*m*).——All of them have half-round convex ſurfaces, covered them with an aponeuroſis, formed by the tendons of the extenſors, lumbricales, and interoſſei, and placed directly backwards, for their greater ſtrength; and their flat concave part is forwards, for taking hold more ſurely, and for lodging the tendons of the flexor muſcles.——The ligaments for keeping down theſe tendons are fixed to the angles that are between the convex and concave ſides.

The bones of the firſt phalanx (*n*) of the fingers anſwer to the deſcription of the ſecond bone of the thumb; only that the cavity in their baſe is not ſo oblong; nor is their motion on the metacarpal bones ſo much confined: For they can be moved laterally or circularly; but have no rotation, or a very ſmall degree of it, round their axis.

Both the ends of this firſt phalanx are in a cartilaginous ſtate at the birth; and the upper one is afterwards affixed in form of an epiphyſe.

The ſecond bone (*o*) of the fingers has its baſe formed into two lateral cavities, and a middle protuberance;

(*m*) Scytalidæ, internodia, ſcuticula, agmina, acies, condyli articuli.

(*n*) Προκονδυλοι.

(*o*) Κονδυλοι.

while the lower end has two lateral protuberances and a middle cavity; therefore it is joined at both ends in the ſame manner, which none of the bones of the thumb are.

This bone is in the ſame condition with the former in children.

The third bone (*p*) differs nothing from the deſcription of the third bone of the thumb, excepting in the general diſtinguiſhing marks; and therefore the ſecond and third phalanx of the fingers enjoy only flexion and extenſion.

The upper end of this third phalanx is a cartilage in a ripe child; and is only an epiphyſe after, till the full growth of the body.

All the difference of the *phalanges* of the ſeveral fingers conſiſts in their magnitude.——The bones of the *middle finger* (*q*) being the longeſt and largeſt,—thoſe of the *fore-finger* (*r*) come next to that in thickneſs, but not in length, for thoſe of the *ring-finger* (*ſ*) are a little longer. The *little finger* (*t*) has the ſmalleſt bones. Which diſpoſition is the beſt contrivance for holding the largeſt bodies; becauſe the longeſt fingers are applied to the middle largeſt periphery of ſuch ſubſtances as are of a ſpherical figure (*u*).

The uſes of all the parts of our *ſuperior extremities* are ſo evident in the common actions of life, that it is needleſs to enumerate them here; and therefore I ſhall proceed to the laſt part of the ſkeleton. Only, leſt I ſhould ſeem to have forgot the ſmall bones at the joints of the hand, I deſire now to refer to the deſcription of them,

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(*p*) Μετακονδυλοι, ριζωνυχια.

(*q*) Καταπυγων, σφακελος, Infamis, impudicus, verpus, famoſus, obſcœnus.

(*r*) Δεικτικος, Indicator, λιχανος, demonſtrativus, ſalutaris.

(*ſ*) Ἰατρικος, παραμεσος, δακτυλιωτης, επιβατης, Annularis, medicus, cordis digitus.

(*t*) Μυωψ, ὠτιτης, Auricularis, minimus.

(*u*) Galen. de uſu part. lib. I. cap. 24.

them, under the common title of *ſeſamoid bones*, which I have placed after the bones of the ſeet.

SECT. IV. OF THE INFERIOR EXTREMITIES.

THE INFERIOR EXTREMITIES depend from the acetabula of the oſſa innominata; and are commonly divided into three parts, viz. the thigh, leg, and foot.

§ 1. *The* THIGH.

THE thigh (*x*) has only one bone; which is the longeſt of one body, and the largeſt and ſtrongeſt of any of the cylindrical bones. The ſituation of it is not perpendicular; for the lower end is inclined conſiderably inwards; ſo that the knees are almoſt contiguous, while there is a conſiderable diſtance between the thigh-bones above; which is of good uſe to us, ſince ſufficient ſpace is thereby left for the external parts of generation, the two great cloacæ of urine and fæces, and for the large thick muſcles that move the thigh inwards. At the ſame time this ſituation of the thigh-bones renders our progreſſion quicker, ſurer, ſtraighter, and in leſs room: for, had the knees been at a greater diſtance from each other, we muſt have been obliged to deſcribe ſome part of a circle with the trunk of our body in making a long ſtep; and when one leg was raiſed from the ground, our centre of gravity would have been too far from the baſe of the other, and we ſhould conſequently have been in danger of falling; ſo that our ſteps would neither have been ſtraight nor firm, nor would it have been poſſible to walk in a narrow path, had our thigh-bones been otherwiſe placed. In conſequence, however, of the weight of the body bearing ſo obliquely on the joint of the knee by

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(x) Μηρον, Femen, coxa, agis, anchæ os, crus, femur.

this ſituation of the thigh-bones, weak ricketty children become in-knee'd.

The upper end of the thigh-bone is not continued in a ſtraight line with the body of it, but is ſet off obliquely inwards and upwards, whereby the diſtance here between theſe two bones at their upper part is conſiderably increaſed.——This end is formed into a large ſmooth round head (*y*), which is the greater portion of a ſphere unequally divided.——Towards its lower internal part a round rough ſpongy pit is obſervable, where the ſtrong ligament, commonly, but unjuſtly, called the *round one*, is fixed, to be extended from thence to the lower internal part of the receiving cavity, where it is conſiderably broader than near to the head of the thigh-bone.——The ſmall part below the head, called the *cervix*, of the os femoris, has a great many large holes, into which the fibres of the ſtrong ligament, continued from the capſular, enter, and are thereby ſurely united to it; and round the root of the neck, where it riſes from the bone, a rough ridge is found, where the capſular ligament of the articulation itſelf is connected.——Below the back-part of this root, the large unequal protuberance, called *trochanter major* (*z*), ſtands out; the external convex part of which is diſtinguiſhed into three different ſurfaces: whereof the one on the fore-part is ſcabrous and rough, for the inſertion of the glutæus minimus; the ſuperior one is ſmooth, and has the glutæus medius inſerted into it; and the one behind is made flat and ſmooth, by the tendon of the glutæus maximus paſſing over it.—The upper edge of this proceſs is ſharp and pointed at its back-part, where the glutæus medius is fixed; but forwards it is more obtuſe, and has two ſuperficial pits formed in it: Into the ſuperior of theſe the pyriformis is implanted; and the obturator internus and gemini are fixed into the lower one.—From the backmoſt prominent

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(*y*) Vertebrum.

(*z*) Γλουτος, Rotator natis, malum granatum teſticulorum.

minent part of this great trochanter, a rough ridge runs backwards and downwards, into which the quadratus is inſerted.—In the deep hollow, at the internal upper ſide of this ridge, the obturator externus is implanted. —More internally, a conoid proceſs, called *trochanter minor* (*a*), riſes for the inſertion of the muſculus pſoas and iliacus internus; and the pectineus is implanted into a rough hollow below its internal root. The muſcles inſerted into theſe two proceſſes being the principal inſtruments of the rotatory motion of the thigh, have occaſioned the name of *trochanters* to the proceſſes.— The tendons that are fixed into or paſs over the great *trochanter*, cauſe bruiſes by falls on this part to be attended with great pain and weakneſs of the limb, which generally remain long.

The body of the os femoris is convex on the forepart, and made hollow behind, by the action of the muſcles that move it and the leg, and for the conveniency of ſitting, without bearing too much on theſe muſcles; and probably the weight of the legs depending from the thighs in that poſture contributes to this curvature. The fore-part of the thigh-bone is a little flatted above by the beginning of the cruræus muſcle, as it is alſo below by the ſame muſcle and the rectus. —Its exernal ſurface is likewiſe made flat below by the vaſtus externus, where it is ſeparated from the former by an obtuſe ridge. The vaſtus internus depreſſes a little the lower part of the internal ſurface.—The poſterior concave ſurface has a ridge riſing in its middle, commonly called *linea aſpera*, into which the triceps is inſerted, and the ſhort head of the biceps flexor tibiæ riſes from it.—At the upper part of it the medullary veſſels enter by a ſmall hole that runs obliquely upwards. A little above which there is a rough foſſa or two, where the tendon of the glutæus maximus is fixed.— The lower end of the linea aſpera divides into two, which deſcend towards each ſide.——The two vaſti

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(*a*) Rotator minor.

muſcles have part of their origin from theſe ridges; and the long tendon of the triceps is fixed to the internal, by means of part of the faſcia aponeurotica of the thigh.——Near the beginning of the internal ridge, there is a diſcontinuation of the ridge, where the crural artery paſſes through the aponeuroſis.——Between theſe two rough lines, the bone is made flat by the large blood-veſſels and nerves which paſs upon it; and near the end of each of theſe ridges a ſmall ſmooth protuberance may often be remarked, where the two heads of the external gaſtrocnemius muſcle take their riſe, and where ſeſamoid bones are ſometimes found (*b*); and from the fore-part of the internal tubercle a ſtrong ligament is extended to the inſide of the tibia.

The lower end of the os femoris is larger than any other part of it, and is formed into a great protuberance on each ſide, called its *condyles;* between which a conſiderable cavity is found, eſpecially at the back-part, in which the crural veſſels and nerves lie immerſed in fat.—The internal condyle is longer than the external, which muſt happen from the oblique poſition of this bone, to give leſs obliquity to the leg. Each of theſe proceſſes ſeems to be divided in its plain ſmooth ſurface. The mark of diviſion on the external is a notch, and on the internal a ſmall protuberance. The fore-part of this diviſion, on which the rotula moves, is formed like a pulley, the external ſide of which is higheſt. Behind, there are two oblong large heads, whoſe greateſt extent is backwards, for the motion of the tibia: and from the rough cavity between them, but near to the baſe of the internal condyle, the ſtrong ligament, commonly called the *croſs one*, has its riſe.—A little above which a protuberance gives inſertion to the tendon of the triceps. The condyles, both on the outer and inner ſide of the knee are made flat by the muſcles paſſing along them. On the back-part of the internal, a ſlight depreſſion is made by the tendons of the

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(*b*) Veſal. lib. 1. cap. 28. & 30.

the gracilis and ſartorius; and on the external ſuch another is formed by the biceps flexor cruris; behind which a deep foſſa is to be obſerved, where the poplitæus muſcle has its origin. From the tubercle immediately before this cavity, a ſtrong ligament goes out to the upper part of the fibula.——Round this lower end of the thigh-bone, large holes are found, into which the ligaments for the ſecurity of the joint are fixed, and blood-veſſels paſs to the internal ſubſtance of the bone.

All the proceſſes of the femur are cartilaginous in new-born children; and afterwards become ſmall apophyſes, with large epiphyſes.

The thigh-bone being articulated above with the acetabulum of the oſſa innominata, which affords its round head a ſecure and extenſive play, can be moved to every ſide; but is reſtrained in its motion outwards by the high brims of the cavity, and by the round ligament; for otherwiſe the head of the bone would have been frequently thruſt out at the breach of the brims on the inſide, which allows the thigh to move conſiderably inwards.——The body of this bone enjoys little or no rotatory motion, though the head moſt commonly moves round its own axis; becauſe the oblique progreſs of the neck and head from the bone is ſuch, that the rotatory motion of the head can only bring the body of the bone forwards and backwards. Nor is this head, as in the arm, ever capable of being brought to a ſtraight direction with its body: ſo far, however, as the head can move within the cavity backwards and forwards, the reſt of the bone may have a partial rotation.——When the thigh-bone reſiſts the actions of its muſcles more than the trunk of the body can then do, as in ſtanding, theſe muſcles have their effect on the trunk, cauſing it to bend forward, raiſing it up, inclining it to the one or the other ſide, twiſting it obliquely, &c. which the rolling of the acetabula of the oſſa innominata on the round heads of the thigh-bones,

bones is well fitted for.——The os femoris is articulated below to the tibia and rotula in the manner afterwards to be deſcribed.

The nearneſs of the ſmall neck to the round head of the thigh-bone, and its upper end being covered with very thick muſcles, make greater difficulty in diſtinguiſhing between a luxation and fracture here, than in any other part of the body.

§ 2. *The* LEG.

THE leg (*c*) is compoſed, according to the common account, of two bones, *tibia* and *fibula*, though it ſeems to have a very good title to a third, the *rotula;* which bears a ſtrong analogy to the olecranon of the ulna, and moves always with the other two.

TIBIA.

TIBIA (*d*), ſo called from its reſemblance to an old muſical pipe or flute, is the long thick triangular bone, ſituated at the internal part of the leg, and continued in almoſt a ſtraight line from the thigh-bone.

The upper end of the tibia is large, bulbous, and ſpongy, and is divided into two cavities by a rough irregular protuberance (*e*), which is hollow at its moſt prominent part, as well as before and behind. The anterior of the two ligaments that compoſe the great croſs one is inſerted into the middle cavity, and the depreſſion behind receives the poſterior ligament.—The two broad cavities at the ſides of this protuberance are not equal: for the internal is oblong and deep, to receive the internal condyle of the thigh-bone; while the external is more ſuperficial and rounder, for the external condyle.——In each of theſe two cavities of a recent

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(*c*) Κνημη, Crus, tibia.

(*d*) Προκνημιον, αντικνημιον, Focile majus, arundo major, canna major, canna domeſtica cruris.

(*e*) Διανφυσις, εξοχη νευροχονκρωδης, Tuber, tuberculum.

recent ſubject, a ſemilunar cartilage is placed, which is thick at its convex edge, and becomes gradually thinner towards the concave or interior edge. The middle of each of theſe cartilages is broad, and the ends of them turn narrower and thinner as they approach the middle protuberance of the tibia. The thick convex edge of each cartilage is connected to the capſular and other ligaments of the articulation, but ſo near to their riſe from the tibia, that the cartilages are not allowed to change place far; while the narrow ends of the cartilages becoming almoſt ligaments, are fixed at the inſertion of the ſtrong croſs ligament into the tibia, and ſeem to have their ſubſtance united with it; therefore a circular hole is left between each cartilage and the ligament, in which the moſt prominent convex part of each condyle of the thigh-bone moves. The circumference of theſe cavities is rough and unequal, for the firm connection of the ligaments of the joint. Immediately below the edge at its back-part, two rough flatted protuberances ſtand out: into the internal, the tendon of the ſemimembranoſus muſcle is inſerted; and a part of the croſs ligament is fixed to the external.— On the outſide of this laſt tubercle, a ſmooth ſlightly-hollowed ſurface is formed by the action of the poplitæus muſcle.

Below the fore-part of the upper end of the tibia, a conſiderable rough protuberance (*f*) riſes, to which the ſtrong tendinous ligament of the rotula is fixed.— On the internal ſide of this, there is a broad ſcabrous ſlightly-hollowed ſurface, to which the internal long ligament of the joint, the aponeuroſis of the vaſtus internus, and the tendons of the ſeminervoſus, gracilis, and ſartorius, are fixed. The loweſt part of this ſurface is therefore the place where the tibia ought to be ſawed through in an amputation, ſo as not to have too long and troubleſome a ſtump, and at the ſame time to preſerve its motions, by ſaving the proper muſcles.

(*f*) Ἀντικνήμιον, Anterior tuber.

muſcles. Below the external edge of the upper end of the tibia, there is a flat circular ſurface, covered in a recent ſubject with cartilage, for the articulation of the fibula; between which and the anterior knob there is a rough hollow, from which the tibialis anticus, and extenſor digitorum longus, take their origin. From the ſmooth flat ſurface, a ridge runs obliquely downwards and inwards, to give riſe to part of the ſolæus, tibialis poſticus, and flexor digitorum longus, and inſertion to the aponeuroſis of the ſemimembranoſus which covers the poplitæus, and to ſome of the external fibres of this laſt-named muſcle. At the inſide of this ridge an oblique plain ſurface is left, where the greateſt part of the muſculus poplitæus is inſerted. The remaining body of the tibia is triangular. The anterior angle is very ſharp, and is commonly called the *ſpine* or *ſhin* (g). This ridge is not ſtraight; but turns firſt inwards, then outwards, and laſtly inwards again. The plain internal ſide is ſmooth and equal, being little ſubjected to the actions of muſcles; but the external ſide is hollowed above by the tibialis anticus, and below by the extenſor digitorum longus and extenſor pollicis longus. The two angles behind theſe ſides are rounded by the action of the muſcles; the poſterior ſide comprehended between them is not ſo broad as thoſe already mentioned, but is more oblique and flatted by the action of the tibialis poſticus and flexor digitorum longus.—Some way above the middle of the bone, the internal angle terminates, and the bone is made round by the preſſure of the muſculus ſolæus. Near to this the paſſage of the medullary veſſels is ſeen ſlanting obliquely downwards.

The lower end of the tibia is made hollow, but ſo as a ſmall protuberance riſes in the middle. The internal ſide of this cavity, which is ſmooth, and, in a recent ſubject, is covered with cartilage, is produced into a conſiderable proceſs, commonly named *malleolus inter-*

(g) Ακανθα, Spina, crea, linea prima tibiæ, angulus acutus.

nus (*h*); the point of which is divided by a notch, and from it ligaments are ſent out to the foot. We ought to obſerve here, that this internal malleolus is ſituated more forwards than the internal condyle of the upper end of this bone; which is neceſſary to be remembered in reducing a fracture of the leg (*i*). The external ſide of this end of the tibia has a rough irregular ſemilunar cavity formed in it for receiving the lower end of the fibula. The poſterior ſide has two lateral grooves, and a ſmall middle protuberance. In the internal depreſſion, the tendons of the muſculus tibialis poſticus and flexor digitorum longus are lodged; and in the external, the tendon of the flexor longus pollicis plays.—From the middle protuberance, ligamentous ſheaths go out, for tying down theſe tendons.

The articulations and motions of the tibia ſhall be explained, after all the three bones of the leg are deſcribed.

Both the ends of the tibia are cartilages at birth, and become afterwards epiphyſes.

FIBULA.

Fibula (*k*) is the ſmall long bone, placed on the outſide of the leg, oppoſite to the external angle of the tibia; the ſhape of it is irregularly triangular.

The head of the fibula has a ſuperficial circular cavity formed on its inſide, which, in a recent ſubject, is covered with a cartilage, but ſo cloſely connected to the tibia by ligaments, as to allow only a ſmall motion backwards and forwards. This head is protuberant and rough on its outſide, where a ſtrong round ligament and the muſculus biceps are inſerted; and, below the back-part of its internal ſide, a tubercle may

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(*h*) Σφυρον, πεσον, Talus, clavicula, clavilla interior, clavilla domeſtica.

(*i*) Winſlow, Expoſition anatomique des os ſecs, § 865.

(*k*) Παρακνημιον, Perone, focile minus, arundo minor, canna minor cruris, ſura, radius.

be remarked, that gives riſe to the ſtrong tendinous part of the ſolæus muſcle.

The body of this bone is a little crooked inwards and backwards: which figure is owing to the actions of the muſcles; but is ſtill further increaſed by nurſes, who often hold children careleſsly by the legs. The ſharpeſt angle of the fibula is forwards; on each ſide of which the bone is conſiderably, but unequally, depreſſed by the bellies of the ſeveral muſcles that riſe from or act upon it; and in old people, theſe muſcles make diſtinct ſinuoſities for themſelves. The external ſurface of the fibula is depreſſed obliquely from above downwards and backwards by the two peronæi. Its internal ſurface is unequally divided into two narrow longitudinal planes, by an oblique ridge extended from the upper part of the anterior angle, to join with the lower end of the internal angle. To this ridge the ligament ſtretched between the two bones of the leg is connected. The anterior of the two planes is very narrow above, where the extenſor longus digitorum and extenſor longus pollicis ariſe from it; but is broader below, where it has the print of the nonus Veſalii. The poſterior plane is broad and hollow, giving origin to the larger ſhare of the tibialis poſticus. The internal angle of this bone has a tendinous membrane fixed to it, from which fibres of the flexor digitorum longus take their riſe. The poſterior ſurface of the fibula is the plaineſt and ſmootheſt, but is made flat above by the ſolæus, and is hollowed below by the flexor pollicis longus. In the middle of this ſurface, the canal for the medullary veſſels may be ſeen ſlanting downwards.

I have taken particular notice of the entry and direction of the medullary veſſels of the large bones of the extremities (*l*); becauſe, in ſeveral chirurgical caſes, a ſurgeon who is ignorant of this may do miſchief to his patient. Thus, for example, if theſe veſſels are opened very near to their entry into the bone, or while they

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(*l*) Havers, Oſteolog. Nov. diſc. 1. p. 59.

they are in the oblique paſſage through it, an obſtinate hæmorrhagy may enſue: for the arteries being connected to the bony paſſage, ſtyptics, and other like corrugators, are vainly applied; compreſſing inſtruments can do no ſervice, and ligatures cannot be employed. There ſeems to be a particular deſign in the contrivance of theſe canals; thoſe in the os humeri, tibia, and fibula, running obliquely downwards from their external entry; whereas in the radius, ulna, and os femoris, they ſlant upwards, whereby the arteries and nerves which are ſent into theſe three laſt bones, muſt ſuffer a conſiderable reflexion before they come at the cancelli. The reaſon of this diverſity may perhaps be, that the arteries, which are ſo ſmall within the bones as to have no ſtrong contractile propelling force in their coats, and where they are not aſſiſted by the action of any moving neighbouring organ, ſhould have, at leaſt in their paſſage through the bone, a favourable deſcent for their liquids: which, it is evident, they have in the deſcending oblique paſſages formed for them in the firſt claſs of bones, to wit, the os humeri, tibia, and fibula, which are generally depending; and they alſo moſt frequently acquire the like advantage in the radius, ulna, and os femoris; becauſe the hand, in the moſt natural poſture, is higher than the elbow: and when we ſit or lie, the lower end of the thigh-bone comes to be at leaſt as high raiſed as the upper. In ſtanding and walking, or when the arms are moved, the blood muſt indeed aſcend as it paſſes through the bones of the fore-arm and thigh; but the preſſure of the muſcles, then in action, on the veſſels, before they enter the bones, is ſufficient to compenſate the diſadvantage of their courſe. This reaſoning ſeems to be ſtill enforced, by obſerving, that this paſſage is always nearer the upper than the lower ends of theſe bones.

The lower end of the fibula is extended into a ſpongy oblong head; on the inſide of which is a convex, irregular, and frequently a ſcabrous, ſurface, that is received by the external hollow of the tibia, and ſo firmly joined to it by a very thin intermediate cartilage and ſtrong ligaments, that it ſcarce can move.—Below this the fibula is ſtretched out into a coronoid proceſs, that is ſmooth, covered with cartilage on its internal ſide, and is there contiguous to the outſide of the firſt bone of the foot, the aſtragalus, to ſecure the articulation. This proceſs, named *malleolus externus*, being ſituated farther back than the internal malleolus, and in an oblique direction, obliges us naturally to turn the fore-part of the foot outwards (*m*). At the lower internal part of this proceſs, a ſpongy cavity for mucilaginous glands may be remarked; from its point ligaments are extended to the aſtragalus, os calcis, and os naviculare, bones of the foot; and from its inſide ſhort ſtrong ones go out to the aſtralagus. On the back-part of it a ſinuoſity is made by the tendons of the peronæi muſcles. When the ligament extended over theſe tendons from the one ſide of the depreſſion to the other is broke, ſtretched too much, or made weak by a ſprain, the tendons frequently ſtart forwards to the outſide of the fibula.

The conjunction of the upper end of the fibula with the tibia is by plain ſurfaces tipped with cartilage; and at its lower end the cartilage ſeems to glue the two bones together; not, however, ſo firmly in young people, but that the motion at the other end of ſuch a long radius is very obſervable.——In old ſubjects I often ſee the two bones of the leg grown together at their lower ends.

The principal uſe of this bone is to afford origin and inſertion to muſcles; the direction of which may be a little altered on proper occaſions, by its upper part ſhuffling backwards and forwards.——It likewiſe helps to make the articulation of the foot more ſecure and firm.——The ends of the tibia and fibula being larger than their middle, a ſpace is here left, which is filled up

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(*m*) Winſlow, Memoires de l'acad. des ſciences, 1722.

up with ſuch another ligament as I deſcribed extended between the bones of the fore-arm; and which is alſo diſcontinued at its upper part, where the tibialis anticus immediately adheres to the folæus and tibialis poſticus; but every where elſe it gives origin to muſcular fibres (*n*).

Both the ends of this bone are cartilaginous in a ripe child, and aſſume the form of appendices before they are united to its body.

ROTULA.

Rotula (*o*) is the ſmall flat bone ſituated at the fore-part of the joint of the knee.—Its ſhape reſembles the common figure of the heart with its point downwards.——The anterior convex ſurface of the rotula is pierced by a great number of holes, into which fibres of the ſtrong ligament that is ſpread over it enter.——Behind, its ſurface is ſmooth, covered with cartilage, and divided by a middle convex ridge into two cavities, of which the external is largeſt; and both are exactly adapted to the pulley of the os femoris, on which they are placed in the moſt ordinary unſtraining poſtures of the leg: but when the leg is much bended, the rotula deſcends far down on the condyles; and when the leg is fully extended, the rotula riſes higher in its upper-part than the pulley of the thigh bone.——The plain ſmooth ſurface is ſurrounded by a rough prominent edge, to which the capſular ligament adheres: Below, the point of the bone is ſcabrous, where the ſtrong tendinous ligament from the tubercle of the tibia is fixed. The upper horizontal part of this bone is flatted and unequal, where the tendons of the extenſors of the leg are inſerted.

The ſubſtance of the rotula is cellular, with very

(*n*) Weitbrecht, Syndeſmolog. p. 156.

(*o*) Ἐπιμυλις, μυλακρις, κογχος, ἐπιγονατις, πλανησιεδρον, Patella, mola, genu, ſcutiforme os, cartilaginoſum, diſciforme, oculus genu.

thin external firm plates: but then theſe cells are ſo ſmall, and ſuch a quantity of bone is employed in their formation, that ſcarce any bone of its bulk is ſo ſtrong. Beſides, it is covered all over with a thick ligament (as it was obſerved that this ſort of bones generally is), to connect its ſubſtance, and is moveable to one ſide or other: therefore it is ſufficiently ſtrong to reſiſt the ordinary actions of the large muſcles that are inſerted into it, or any common external force applied to it; while a fixed proceſs, ſuch as the olecranon, would not have been ſufficient to bear the whole weight of our bodies, which frequently falls on it, and would have hindered the rotatory motion of the leg. Notwithſtanding theſe precautions to preſerve this bone from ſuch injuries, yet I have ſeen a tranſverſe fracture in it, when, by the report of the patient, and of the people about him, and by the want of ſwelling, diſcolouring, or other mark of bruiſe or contuſion, it was plain the bone was broken by the violent ſtraining effort of the muſcles (*p*). Tho' my patient recovered the uſe of the joint of the knee, yet I think it reaſonable to believe, that this ſort of fracture is commonly attended with difficulty of motion after the broken parts of the rotula are reunited; becauſe the callous matter probably extends itſelf into the cavity of the joint, where it either grows to ſome of the parts, or makes ſuch an inequality on the ſurface of this bone, as does not allow it to perform the neceſſary motions on the condyles of the femur (*q*).

At the ordinary time of birth, the rotula is entirely cartilaginous, and ſcarcely aſſumes a bony nature ſo ſoon as moſt epiphyſes do.

The parts which conſtitute the joint of the knee being now deſcribed, let us examine what are its motions, and how performed.——The two principal motions are flexion and extenſion. In the former of theſe, the leg may be brought to a very acute angle with the thigh, by

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(*p*) See Ruyſch. Obſerv. anat.-chirurg. obſ. 3.

(*q*) Paré, liv. 15. cap. 22.

by the condyles of the thigh-bones being round and made ſmooth far backwards. In performing this, the rotula is pulled down by the tibia. When the leg is to be extended, the rotula is drawn upwards, conſequently the tibia forwards, by the extenſor muſcles; which, by means of the protuberant joint, and of this thick bone with its ligament, have in effect the chord with which they act fixed to the tibia at a conſiderable angle, therefore act with advantage; but are reſtrained from pulling the leg farther than to a ſtraight line with the thigh, by the poſterior part of the croſs ligament, that the body might be ſupported by a firm perpendicular column: For at this time the thigh and leg are as little moveable in a rotatory way, or to either ſide, as if they were one continued bone.—But when the joint is a little bended, the rotula is not tightly braced, and the poſterior ligament is relaxed; therefore this bone may be moved a little to either ſide, or with a ſmall rotation in the ſuperficial cavities of the tibia; which is done by the motion of the external cavity backwards and forwards, the internal ſerving as a ſort of axis (*r*). Seeing, then, one part of the croſs ligament is ſituated perpendicularly, and the poſterior part is ſtretched obliquely from the internal condyle of the thigh outwards, that poſterior part of the croſs ligament prevents the leg's being turned at all inwards; but it could not hinder it from turning outwards almoſt round, was not that motion confined by the lateral ligaments of this joint, which can yield little. This rotation of the leg outwards is of good advantage to us in croſſing our legs, and turning our feet outwards, on ſeveral neceſſary occaſions; though it is altogether fit this motion ſhould not be very large, to prevent frequent luxations here.——While all theſe motions are performing, the part of the tibia that moves immediately on the condyles is only ſo much as is within the cartilaginous

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(*r*) Winſlow, Expoſition anatomique du corps humain, traité des os ſecs, § 976.

rings, which by the thickneſs on their outſides make the cavities of the tibia more horizontal, by raiſing their external ſide where the ſurface of the tibia ſlants downwards. By this means the motions of this joint are more equal and ſteady than otherwiſe they would have been. The cartilages being capable of changing a little their ſituation, are fit for doing this good office in the different motions and poſtures of the member, and likewiſe contribute to make the motions larger and quicker.

On account of the very large ſurface of the bones forming the joint of the knee, and the many ſtrong ligaments connecting them, luxations ſeldom happen here. But theſe very ligaments, the aponeuroſis paſſing over this joint, the quantity of fat and mucilaginous glands neceſſary for lubricating it, make it more ſubject to white ſwellings, dropſies, and ſuch other diſorders, than any other joint of the body.

§ 3. *The* FOOT.

THE foot is divided, as well as the hand, into three parts, viz *tarſus*, *metatarſus*, and *toes*: In the deſcription of which the ſeveral ſurfaces ſhall be named, according to their natural ſituation, viz. the broad of the foot ſhall be called *ſuperior*; the ſole, *inferior*; the ſide on which the great toe is, *internal*; that where the little toe is, *external*.

TARSUS.

THE tarſus (*t*) conſiſts of ſeven ſpongy bones; to wit, the aſtragalus, os calcis, naviculare, cuboides, cuneiforme externum, cuneiforme medium, and cuneiforme internum.

The *aſtragalus* is the uppermoſt of theſe bones.—— The *os calcis* is below the aſtragalus, and is conſiderably prominent backwards beyond the other bones, to form

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(*t*) Raſſetta.

form the heel.—The *os naviculare* is in the middle of the internal ſide of the tarſus.——The *os cuboides* is the moſt external of the row of four bones at its fore-part.——The *os cuneiforme externum* is placed at the inſide of the cuboid.——The *cuneiforme medium* is between the external and internal cuneiform bones; and the *internal cuneiform* is put at the internal ſide of the foot.

That the deſcription of theſe bones may not be immoderately ſwelled with repetition, I deſire, once for all, to obſerve, That wherever a ridge is mentioned, without a particular uſe aſſigned, a ligament is underſtood to be fixed to it; or where a ſpongy rough cavity, depreſſion, or foſſa, is remarked, without naming its uſe, a ligament is inſerted, and mucilaginous glands are lodged: for ſuch will occur in the detail of each of theſe bones.

Aſtragalus. The upper part of the aſtragalus (*t*) is formed into a large ſmooth head (*u*), which is ſlightly hollowed in the middle; and therefore reſembles a ſuperficial pulley, by which it is fitted to the lower end of the tibia.—The internal ſide of this head is flat and ſmooth, to play on the internal malleolus.—The external ſide has alſo ſuch a ſurface, but larger, for its articulation with the external malleolus. Round the baſe of this head there is a rough foſſa; and immediately before the head, as alſo below its internal ſmooth ſurface, we find a conſiderable rough cavity.

The lower ſurface of the aſtragalus is divided by an irregular deep rough foſſa; which at its internal end is narrow, but gradually widens as it ſtretches obliquely outwards and forwards. The ſmooth ſurface, covered with cartilage, behind this foſſa, is large, oblong, extended in the ſame oblique ſituation with the foſſa, and concave for its conjunction with the os calcis. The back-part of the edge of this cavity is produced into

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(*t*) ’Αστριος, Talus, balliſtæ os, malleolus, chaib, quatrio, os teſſaræ, claviculæ, nuciforme.

(*u*) Τετρωρος.

two ſharp-pointed rough proceſſes; between which is a depreſſion made by the tendon of the flexor pollicis longus.——The lower ſurface before the foſſa is convex, and compoſed of three diſtinct ſmooth planes.—The long one behind, and the exterior or ſhorteſt, are articulated with the heel-bone; while the internal, which is the moſt convex of the three, reſts and moves upon a cartilaginous ligament, that is continued from the calcaneum to the os ſcaphoides. Without which ligament the aſtragalus could not be ſuſtained; but would be preſſed out of its place by the great weight it ſupports, and the other bones of the tarſus would be ſeparated. Nor would a bone be fit here, becauſe it muſt have been thicker than could conveniently be allowed; otherwiſe it would break, and would not prove ſuch an eaſy bending baſe, to leſſen the ſhock which is given to the body in leaping, running, &c.

The fore-part of this bone is formed into a convex oblong ſmooth head, called by ſome its *proceſs*, which is received by the os naviculare. Round the root of this head, eſpecially on the upper ſurface, a rough foſſa may be remarked.

The aſtragalus is articulated above to the tibia and fibula, which together form one cavity. Though in this articulation the bones have prominences and cavities, ſo ſmall as might allow motions in all directions, yet the flexion and extenſion are the moſt conſiderable, the other motions being confined by the malleoli, and by the ſtrong ligaments which go out from the points of theſe proceſſes to the aſtragalus and os calcis.——When the foot is bended, ſo far as it is commonly when we ſtand, no lateral or rotatory motion is allowed in this joint; for then the head of the aſtragalus is ſunk deep between the malleoli, and the ligaments are tenſe: but when the foot is extended, the aſtragalus can move a little to either ſide, and with a ſmall rotation. By this contrivance the foot is firm, when the weight of the body is to be ſupported on it; and when a foot is raiſed, we are at liberty to direct it more exactly to the place we intend next to ſtep upon. The aſtragalus is joined below to the os calcis; and before to the os naviculare, in the manner to be explained when theſe bones are deſcribed.

A conſiderable ſhare of this bone is oſſified in a new-born infant.

Calcaneum (*v*) is the largeſt bone of the ſeven.—— Behind, it is formed into a large knob, commonly called the *heel*: the ſurface of which is rough behind, where the tendo Achillis is inſerted into it; and above it, it is hollow and ſpongy. Farther forwards, on the upper ſurface of the calcaneum, there is an irregular oblong ſmooth convexity, adapted to the concavity at the back-part of the aſtragalus: and beyond this a narrow foſſa is ſeen, which divides it from two ſmall concave ſmooth ſurfaces, that are joined to the fore-part of the aſtragalus.—Behind the poſterior of theſe ſmooth ſurfaces, which is the largeſt, a ſmall ſinuoſity is made by the tendon of the flexor digitorum longus; at the fore-part of which a ſmall rough protuberance appears, that gives riſe to the muſculus extenſor digitorum brevis.

The external ſide of this bone is flat, with a ſuperficial foſſa running horizontally, in which the tendon of the muſculus peronæus longus is lodged. The internal ſide of the heel-bone is hollowed, for lodging the origin of the maſſa cornea Jac. Sylvii, and for the ſafe paſſage of tendons, nerves, and arteries. Under the ſide of the internal ſmooth concavity, a particular groove is made by the tendon of the flexor pollicis longus; and from the thin protuberance on this internal ſide the cartilaginous ligament that ſupports the aſtragalus, goes out to the os naviculare; on which ligament, and on the edge of this bone to which it is fixed, the groove is formed for the tendon of the flexor digitorum profundus.

(*v*) Os calcis πτερνα, calcar pedis.

The lower ſurface of this bone is preſſed flat at the back-part, by the weight of our bodies; and immediately before this plane, there are two tubercles, from the internal of which the muſculus abductor pollicis, flexor digitorum ſublimis, as alſo part of the aponeuroſis plantaris, and of the abductor minimi digiti, have their origin; and the other part of the abductor minimi digiti and aponeuroſis plantaris riſes from the external. Before theſe protuberances this bone is concave, for lodging the flexor muſcles; and at its fore-part we may obſerve a rough depreſſion, from which, and a tubercle behind it, the ligament goes out that prevents this bone from being ſeparated from the os cuboides.

The fore-part of the os calcis is formed into an oblong pulley-like ſmooth ſurface, which is circular at its upper external end, but is pointed below. The ſmooth ſurface is fitted to the os cuboides.

Though the ſurfaces by which the aſtragalus and os calcis are articulated, ſeem fit enough for motion; yet the very ſtrong ligaments by which theſe bones are connected, prevent it, and render this principal part of our baſe, which reſts on the ground, to wit, the os calcis, firm.

A large ſhare of the heel-bone is oſſified at the ordinary time of birth, and the large knob appears afterwards in form of an epiphyſe.

Os naviculare (*x*), is ſomewhat circular.———It is formed into an oblong concavity behind, for receiving the anterior head of the aſtragalus.———On the upper ſurface there is a rough foſſa.———Below, the os naviculare is very unequal and rough; but hollow for the ſafety of the muſcles.———On its inſide a large knob riſes out, from which the abductor pollicis takes in part its origin, the tendon of the tibialis poſticus is inſerted into it, and to it two remarkable ligaments are fixed; the firſt is the ſtrong one, formerly mentioned, which ſupports the aſtragalus; the ſecond is ſtretched from this bone obliquely croſs the foot, to the metatarſal bones

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(*x*) Σκαφοειδης, Os cymbæ.

bones of the middle toe, and of the toe next to the little one.——On the outſide of the os naviculare there is a ſemicircular ſmooth ſurface, where it is joined to the os cuboides.——The fore-part of this bone is all covered with cartilage, and is divided into three ſmooth planes, fitted to the three oſſa cuneiformia.

The os naviculare and aſtragalus are joined as a ball and ſocket; and the naviculare moves in all directions in turning the toes inwards, or in raiſing or depreſſing either ſide of the foot, though the motions are greatly reſtrained by the ligaments which connect this to the other bones of the tarſus. A weakneſs of theſe ligaments cauſes ſometimes an unnatural turn of the fore-part of the foot inwards.

The os naviculare is wholly cartilaginous in a new-born infant.

Os cuboides (*y*) is a very irregular cube.—Behind, it is formed into an oblong unequal concavity, adapted to the fore-part of the os calcis.—On its internal ſide, there is a ſmall ſemicircular ſmooth cavity, to join the os naviculare.——Immediately before which, an oblong ſmooth plane is made by the os cuneiforme externum. Below this the bone is hollow and rough.——On the internal ſide of the lower ſurface, a round protuberance and foſſa are found, where the muſculus adductor pollicis has its origin. On the external ſide of this ſame ſurface, there is a round knob, covered with cartilage; immediately before which a ſmooth foſſa may be obſerved, in which the tendon of the peronæus primus runs obliquely croſs the foot; and on the knob the thin flat cartilage proper to this muſcle plays; in place of which ſometimes a bone is found:—More externally than the knob, a rough hollow is made, for the ſtrong ligaments ſtretched betwixt this bone and the os calcis.—Before, the ſurface of the os cuboides is flat, ſmooth, and ſlightly divided into two planes, for ſu-

ſtaining

(*y*) Πολυμορφον, Cubiforme, quadratum, grandinoſum, varium, teſſaræ, multiforme.

ſtaining the os metatarſi of the little toe, and of the toe next to it.

The form of the back-part of the os cuboides, and the ligaments connecting the joint there with the os calcis, both concur in allowing little motion in this part.

The oſſification of this bone is ſcarcely begun at the birth.

Os cuneiforme externum (z), if we regard its ſituation or medium by its bulk, is much of the ſhape of a wedge, being broad and flat above, with long ſides running obliquely downwards, and terminating in a ſharp edge.—The upper ſurface of this bone is an oblong ſquare.—The one behind is nearly a triangle, but not complete at the inferior angle, and is joined to the os naviculare. The external ſide is an oblong ſquare divided as it were by a diagonal; the upper half of it is ſmooth, for its conjunction with the os cuboides: The other is a ſcabrous hollow, and in its ſuperior anterior angle a ſmall ſmooth impreſſion is made by the os metatarſi of the toe next to the little one. The internal ſide of this bone is alſo quadrangular, with the fore-part of its edge made flat and ſmooth by the os metatarſi of the toe next to the great one, and the back-part is alſo flat and ſmooth where the os cuneiforme medium is contiguous to it. The fore-part of this bone is an oblong triangle, for ſuſtaining the os metatarſi of the middle toe.

Os cuneiforme medium, or *minimum*, is ſtill more exactly the ſhape of a wedge than the former.—Its upper part is ſquare;——its internal ſide has a flat ſmooth ſurface above and behind, for its conjunction with the following bone; with a ſmall rough foſſa below; and a conſiderable ſhare of it is rough and hollow.—The external ſide is ſmooth and a little hollowed, where it is contiguous to the laſt deſcribed bone.——Behind, this bone is triangular, where it is articulated with the os naviculare; and it is alſo triangular at its fore-part, where it is contiguous to the os metatarſi of the toe next to the great one.

(z) Chalcoideum externum.

Os cuneiforme maximum, or *internum*, differs from the two former in its ſituation, which is more oblique than theirs.——Beſides, its broad thick part is placed below, and the ſmall thin point is above and outwards; while its under broad ſurface is concave, for allowing a ſafe paſſages to the flexor of the great toe.——The ſurface of this os cuneiforme behind, where it is joined to the os naviculare, is hollow, ſmooth, and of a circular figure below, but pointed above. The external ſide conſiſts of two ſmooth and flat ſurfaces, whoſe direction is nearly at right angles with each other. With the poſterior, that runs obliquely from below forwards and upwards, the os cuneiforme minimum is joined; and with the anterior, whoſe direction is longitudinal, the os metatarſi of the toe next to the great one is connected.—The fore-part of this bone is ſumilunar, but flat and ſmooth, for ſuſtaining the os metatarſi of the great toe.—The internal ſide is ſcabrous, with two remarkable tubercles below, from which the muſculus abductor pollicis riſes, and the tibialis anticus is inſerted into its upper part.

The three cuneiform bones are all ſo ſecured by ligaments, that very little motion is allowed in any of them, and they are cartilaginous in a fœtus of nine months.

Theſe ſeven bones of the *tarſus*, when joined, are vex above, and leave a concavity below, for lodging ſafely the ſeveral muſcles, tendons, veſſels, and nerves, that lie in the ſole of the foot. In the recent ſubject, their upper and lower ſurfaces are covered with ſtrong ligaments which adhere firmly to them; and all the bones are ſo tightly connected by theſe and the other ligaments, which are fixed to the rough ridges and foſſæ mentioned in the preceding deſcription of the particular bones, that, notwithſtanding the many ſurfaces covered with cartilage, ſome of which are of the form of the very moveable articulations, no more motion is here allowed, than only to prevent too great a ſhock of the fabric of the body in walking, leaping, &c. by falling on too ſolid a baſe; which, if it was one continued bone, would likewiſe be much more liable to be broken; and, in order to make our foot accommodate itſelf to the ſurfaces we tread on, by becoming more or leſs hollow, or by raiſing or depreſſing either ſide of it, as might be judged by what was ſaid of the particular bones.

Sprains here occaſion, as in the wriſt, great pain and obſtinate tumours, which too often cauſe carious bones.

METATARSUS.

METATARSUS (z) is compoſed of five bones, which, in their general characters, agree with the metacarpal bones; but may be diſtinguiſhed from them by the following marks: 1. They are longer, thicker, and ſtronger. 2. Their anterior round ends are not ſo broad, and are leſs in proportion to their baſes. 3. Their bodies are ſharper above and flatter on their ſides, with their inferior ridge inclined more to the outſide. 4. The tubercles at the lower parts of the round head are larger.

The firſt or internal metatarſal bone is eaſily diſtinguiſhed from the reſt by its thickneſs. The one next to it is the longeſt, and with its ſharp edge almoſt perpendicular. The others are ſhorter and more oblique, as their ſituation is more external. Which general remarks, with the deſcription I am now to give of each, may teach us to diſtinguiſh them from each other.

Os metatarſi pollicis is by far the thickeſt and ſtrongeſt, as having much the greateſt weight to ſuſtain. Its baſe is oblong, irregularly concave, and of a ſemilunar figure, to be adapted to the os cuneiforme maximum. The inferior edge of this baſe is a little prominent and rough, where the tendon of the peronæus primus muſcle is inſerted. On its outſide an oblique circular depreſſion is made by the ſecond metatarſal bone. Its round head has generally on its fore-part a middle ridge, and two oblong cavities, for the oſſa ſeſamoidea; and on the external ſide a depreſſion is made by the following bone.

(z) Στηθος, πεδιον, Planta, planum, veſtigium, ſolium, pectus, præcordium, pectuſculum.

Os metatarſi of the *ſecond toe*, is the longeſt of the five, with a triangular baſe ſupported by the os cuneiforme medium and the external ſide produced into a proceſs; the end of which is an oblique ſmooth plane, joined to the os cuneiforme externum.——Near the internal edge of the baſe, this bone has two ſmall depreſſions, made by the os cuneiforme maximum, between which is a rough cavity.——Farther forwards we may obſerve a ſmooth protuberance, which is joined to the foregoing bone.—On the outſide of the baſe are two oblong ſmooth ſurfaces, for its articulation with the following bone; the ſuperior ſmooth ſurface being extended longitudinally, and the inferior perpendicularly; between which there is a rough foſſa.

Os metatarſi of the *middle toe*, is the ſecond in length. —Its baſe, ſupported by the os cuneiforme externum, is triangular, but ſlanting outwards, where it ends in a ſharp-pointed little proceſs; and the angle below is not completed.

The internal ſide of this baſe is adapted to the preceding bone; and the external ſide has alſo two ſmooth ſurfaces covered with cartilage, but of a different figure; for the upper one is concave, and, being round behind, turns ſmaller as it advances forwards; and the lower ſurface is little, ſmooth, convex, and very near the edge of the baſe.

Os metatarſi of the *fourth toe*, is near as long as the former, with a triangular ſlanting baſe joined to the os cuboides, and made round at its external angle; having one hollow ſmooth ſurface on the outſide, where it is preſſed upon by the following bone; and two on the internal ſide, correſponding to the former bone; behind which is a long narrow ſurface impreſſed by the os cuneiforme externum.

Os metatarſi of the *little toe*, is the ſhorteſt, ſituated with its two flat ſides above and below, and with the ridges laterally.—The baſe of it, part of which reſts on the os cuboides, is very large, tuberous, and produced into a long-pointed proceſs externally, where part of the abductor minimi digiti is fixed; and into its upper part the peronæus ſecundus is inſerted. Its inſide has a flat conoidal ſurface, where it is contiguous to the preceding bone.

When we ſtand, the fore-ends of theſe metatarſal bones, and the os calcis, are our only ſupporters; and therefore it is neceſſary they ſhould be ſtrong, and ſhould have a confined motion.

TOES.

THE bones of the toes are much akin to thoſe of the thumb and fingers; particularly the two of the great toe are preciſely formed as the two laſt of the thumb; only their poſition, in reſpect of the other toes, is not oblique; and they are proportionally much ſtronger, becauſe they are ſubjected to a greater force; for they ſuſtain the force with which our bodies are puſhed forwards by the foot behind at every ſtep we make; and on them principally the weight of the body is ſupported, when we are raiſed on our tip-toes.

The three bones in each of the other four toes, compared to thoſe of the fingers, differ from them in theſe particulars. They are leſs, and ſmaller in proportion to their lengths:—Their baſes are much larger than their anterior ends:——Their bodies are more narrow above and below, and flatter on the ſides. The firſt phalanx is proportionably much longer than the bones of the ſecond and third, which are very ſhort.

Of the four, the toe next to the great one has the largeſt bones in all dimenſions, and more externally the toes are leſs.——The little toe, and frequently that next to it, have the ſecond and third bones intimately united into one; which may be owing to their little motion, and the great preſſure they are ſubject to.

The toes are of good uſe to us in walking; for, when the ſole is raiſed, they bring our body, with its centre of gravity, perpendicular to the advanced foot.

The bones of the METATARSUS and TOES, are in the ſame condition in children as thoſe of the metacarpus and fingers.

THE only bones now remaining to complete the deſcription of the ſkeleton, are the ſmall ones which are found at the joints of the fingers and toes and in ſome other parts, called

OSSA SESAMOIDEA.

THESE are of very different figures and ſizes, though they are generally ſaid to reſemble the ſeed of the ſeſamum.——They ſeem to me nothing elſe than the ligaments of the articulations, or the firm tendons of ſtrong muſcles, or both, become bony by the compreſſion which they ſuffer. Thus the ſeſamoid bones at the beginning of the gaſtrocnemii muſcles, are evidently compoſed of the tendinous fibres only. Theſe, at the firſt joint of the great toe, are as plainly the ſame continued ſubſtance with the ligaments and the tendons of the adductor, flexor, brevis, and abductor.—That which is ſometimes double at the ſecond joint of that toe is part of the capſular ligament; and if we enumerate the other ſeſamoid bones that are at any time found, we may obſerve all of them formed in this manner. Their number, figure, ſituation, and magnitude, are ſo uncertain, that it were in vain to inſiſt on the differences of each; and therefore I ſhall only in general remark,

1. That wherever the tendons and ligaments are firmeſt, the actions of the muſcles ſtrongeſt, and the

compreſſion greateſt; there ſuch bones are moſt commonly found.

2. That, *cæteris paribus*, the older the ſubject is in which they are ſought, their number is greater, and their ſize larger.

3. The more labour any perſon is inured to, he has, *cæterus paribus*, the moſt numerous and largeſt oſſa ſeſamoidea.

However, as the two at the firſt joint of the great toe are much larger than any other, are early formed, and are ſeldom wanting in an adult, we may judge, that, beſides the more forcible cauſe of their formation, there ſhould alſo be ſome particular advantage neceſſary at this place, rather than elſewhere; which may poſſibly be, to allow the flexor muſcles to ſend their tendons along this joint, ſecure from compreſſion in the hollow between the two oblong ſeſamoid bones; while, by removing theſe tendons from the centre of motion, and giving them the advantage of an angle at their inſertion, the force of the muſcle is increaſed, and therefore the great ſuperincumbent weight of our body in progreſſion is more eaſily raiſed.

APPENDIX.

MARKS of a FEMALE SKELETON.

TO finiſh the deſcription of the bones, is generally to conclude the oſteology: but, that no part of the ſubject may be left untouched, I think it neceſſary to ſubjoin the diſtinguiſhing marks of the Male and Female ſkeletons; and have choſen to illuſtrate them principally in the latter; becauſe women having a more delicate conſtitution, and affording lodging and nouriſhment to their tender fœtuſes till they have ſufficient ſtrength and firmneſs to bear the injuries of the atmoſphere, and contact of other more ſolid ſubſtances, their bones are frequently incomplete, and always of a make in ſome parts of the body different from thoſe of the robuſt male; which agree to the deſcription already given, unleſs where the proper ſpecialities of the female were particulary remarked; which could not be done in all places where they occur, without perplexing the order of this treatiſe: Therefore I chooſe rather to ſum them up here by way of appendix.

The cauſes of the following ſpecialities of the female bones may be reduced to theſe three: 1. A weak lax conſtitution. 2. A ſedentary unactive life, increaſing that conſtitution. 3. A proper frame for being mothers.

The bones of women are ſmaller in proportion to their length than thoſe of men; becauſe the force of their muſcles is not ſo great, nor is ſuch ſtrong external force applied to them to prevent their ſtretching out in length.

The *depreſſions*, *ridges*, *ſcabrous ſurfaces*, and other inequalities made by the *muſcles*, are not ſo conſpicuous in them; becauſe their *muſcles* are neither ſo thick nor ſtrong, nor ſo much employed, to make ſo ſtrong prints on their bones.

The *os frontis* is more frequently divided by a continuation of the ſagittal ſuture; which depends on the firſt and ſecond general cauſes aſſigned above for the ſpecialities in their bones, as will appear after reflecting on the account given formerly of the middle internal ſpine of this bone.

Their *clavicles* are leſs crooked; becauſe their arms have been leſs forcibly pulled forwards; which, in our European women, eſpecially thoſe of diſtinction, is more hindered by their garb.

Their *ſternum* is more raiſed by long cartilages below, that the thorax might be there widened in ſome proportion to what it is ſhortened by the preſſure upon the diaphragm when they are with child.

The defect of bone, or the hole, in the middle of the *ſternum*, is ofteneſt found in them; to allow the paſſage of the mammary veſſels, ſay ſome. But, in my opinion, this is owing to a lax conſtitution, by which the oſſification is not ſo ſoon completed as in men, where the action of the ſolids is vigorous, and the circulation of the fluids is briſk: for a much ſmaller hole might have ſerved this purpoſe; and the branches of the internal mammary veſſels which are ſent to the external parts of the thorax, do not paſs here, but between the cartilages of the ribs, before theſe are joined to the ſternum.

The *cartilago xiphoides*, is oftener bifcurated in women than men, for the reaſon aſſigned in the preceding paragraph, viz. a leſs forcible power of oſſification.

The ſuperior cartilages of the ribs ſooner oſſify, to ſupport the weight of the mammæ.

The middle cartilages are more flat and broad by the weight of the breaſts.

The inferior cartilages are longer, for enlarging the cheſt.

Weak women, who have born many children when young, often have the *vertebræ* of their back bended forwards, and their *ſternum* depreſſed, or become round-ſhouldered and flat-breaſted (*a*), by the preſſure and weight of the impregnated uterus, and by the ſtrong action of the abdominal muſcles.

The *os ſacrum* is broader, and turned much more backwards, for enlarging the pelvis.

The *os coccygis* is more moveable, and much leſs bended forwards, to facilitate the birth.

The *oſſa ilium* are more hollow, and more reflected outwards, and conſequently further removed from each other, in order to widen the lower part of their abdomen, and for the better ſupport of the impregnated uterus.

The *ridge* on the upper part of the *os pubis* is larger in ſuch women as have born children, being extended by the ſtrong action of the muſculi recti abdominis.

The *cartilage* between the two oſſa pubis, eſpecially in women who have born children, is thicker than in men, by which the pelvis is more capacious in females.

The *conjoined ſurfaces* of the *oſſa pubis*, and of the *oſſa innominata* and *ſacrum*, are leſs, the angle under the *ſymphyſis* of the *oſſa pubis* is much larger, and the arches formed below and behind by the *oſſa ilium* and *iſchium* are wider, which, with the ſtraighter *os ſacrum*, and more diſtant *tubera iſchii*, leave a larger paſſage for the excluſion of the child in birth.

The great *tuberoſity* of the *oſſa iſchium* is flatter in women than in men, becauſe it is more preſſed upon in the ſedentary life which females enjoy.

In conſequence of the *pelvis* of women being wider, the articulations of their thigh-bones muſt be farther removed from each other; and therefore a larger ſpace is left for the procreation and birth of children (*b*); which

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(*a*) Cheſelden, Anatomy, book 1. chap. 1.
(*b*) Albin. De oſſib. § 339.

which diſtance of the thighs may be one reaſon why women in running ſhuffle more from one ſide to the other than men, to preſerve the centre of gravity of their bodies from falling too far to a ſide of the joint of the thigh that ſupports them when the other is raiſed, which would endanger their tumbling to the ground.

A

SYSTEM OF ANATOMY.

PART II.

CONTAINING A DESCRIPTION OF THE

HUMAN MUSCLES,

Chiefly as they appear on DISSECTION.

Together with their ſeveral USES, and the SYNONYMA
of the beſt AUTHORS.

By JOHN INNES.

TO

ALEXANDER MONRO, M.D.

PROFESSOR of ANATOMY and MEDICINE in the Univerſity of Edinburgh.

SIR,

HAVING been repeatedly ſolicited, for ſeveral years paſt, by many of your Pupils, to publiſh a ſhort Deſcription of the Muſcles as they appear upon Diſſection of the Human body, I have at laſt ventured to comply with their requeſt. Your anxiety to promote the Science of Anatomy, and to encourage every thing that may be uſeful to the gentlemen who attend your Theatre, was the principal motive which induced me to undertake this taſk. I have no knowledge of the ſubject but what I derived from you. If, therefore, this Treatiſe, which you have never ſeen till I now preſent it to you, ſhould communicate any advantage to the gentlemen under your care, it is to you alone they are indebted for the obligation. I am, Sir, with reſpect, gratitude, and eſteem, your much obliged and very humble ſervant,

EDINBURGH,
1766.

JOHN INNES.

PREFACE.

SEVERAL full and accurate deſcriptions of the muſcles have already been publiſhed. But their ſize and prolixity have rendered them of leſs value to the diſſector than the ſmall treatiſe of Dr Douglas, which was firſt publiſhed about the beginning of this century; and ſince that time has undergone various impreſſions, without receiving any improvement, excepting the addition of the ſynonyma from Albinus. It is therefore preſumed, that a ſimple and conciſe deſcription of the muſcles, which ſhould contain all the improvements of the moderns, is ſtill wanting.

To claſs the muſcles according to their uſes, may do very well in a large work, or in deſcribing their compound actions: But this method can never anſwer the purpoſes of diſſection. To remedy this inconvenience, the muſcles in the following treatiſe are deſcribed chiefly as they appear in diſſecting the human body.

The deſcribing of the muſcles according to their origins and inſertions prevents much circumlocution. This is the method purſued by Mr Douglas; and wherever his deſcription ſeemed tolerably accurate, they have been followed with little alteration. But Dr Douglas's book is peculiarly defective with regard to the muſcles of the abdomen, back, and neck: in deſcribing theſe, therefore, the method of Albinus has been preferred

Thoſe who have not opportunity, or are averſe from undergoing the labour of diſſecting, may derive conſiderable advantages from comparing the deſcriptions now given with the beautiful and correct tables of Albinus; and, to facilitate ſtill more the ſtudy of theſe intricate organs, I have cauſed to be publiſhed eight of Albinus's tables, with conciſe explanations, on a ſmall ſcale adapted for the pocket.

For the benefit of thoſe who wiſh to examine the hiſtory of the muſcles more minutely, the ſynonyma of the beſt authors are added; and, for the ſake of brevity, the compound action of the muſcles, and the origin and inſertion of ſeveral inconſiderable fibres, are omitted.

The reader will obſerve, that, in general, the muſcles of one ſide only are deſcribed; becauſe all the muſcles of the body, with very few exceptions, have correſpondent ones on the oppoſite ſide.

A ſhort ACCOUNT of the AUTHOR,

And of his WRITINGS.

MR JOHN INNES, author of the following Treatiſe, was born at Callart, an obſcure village in the Highlands of Scotland. He came to Edinburgh at an early period of life, where he obtained the patronage and protection of Dr

Alexander Monro, profeſſor of anatomy; who inſtructed him in the knowledge of the human body, and in the art of diſſection. When about the age of eighteen years, Dr Monro appointed him diſſector to the anatomical theatre. The functions of this important and difficult office he continued to perform with much reputation for near twenty years.

But his abilities were not confined to the dexterity of diſſecting the moſt minute parts of the human frame. He deſcribed the various organs with eaſe and with perſpicuity. This happy talent attracted the notice of the ſtudents; and, at their ſolicitation, and by the approbation of Dr Monro, he opened an evening-courſe of anatomical demonſtrations.

The number of pupils who annually attended theſe demonſtrations afforded the beſt evidence of his abilities, and of the advantages derived from his labours. During his laſt courſe, he was attended by near two hundred ſtudents.

For ſome time before his death, he was troubled with an affection of the lungs, which terminated in a phthiſis pulmonalis, and proved fatal to him on the 12th of January 1777.

On the 15th of the ſame month, the following account of him appeared in the public papers:

"Mr John Innes, at an early period of life, had been educated in the diſſecting art: He made a rapid progreſs in his profeſſion; and his genius and induſtry were rewarded with the privilege of giving private lectures for his own emolument. The utility of his leſſons were ſoon perceived. Numbers of ſtudents reſorted to him for inſtruction; and all of them acknowledged the advantages they had received. At that ſtage of life when men are moſt capable of benefiting themſelves, and of being uſeful to the public, death hurried him out of the world. He has given two ſmall ſpecimens of what was to be expected from his anatomical ſkill. In the courſe of laſt year, he publiſhed a ſhort deſcription of the Human Muſcles as they appear on diſſection, together with their ſeveral uſes, and the ſynonyma of the beſt authors. The merit of this work was univerſally acknowledged. Some months after, he publiſhed, as a *vade mecum* for ſtudents, eight anatomical tables, containing the principal parts of the ſkeleton and muſcles repreſented in the large tables of Albinus, with accurate explanations. Theſe are all the monuments he has left by which the public is to judge of his ability. To his numerous friends and acquaintance, it is unneceſſary to mention the warmth of his heart, or the integrity of his diſpoſition."

ADVERTISEMENT.

DURING the illneſs of which Mr INNES died, he put into my hands the firſt edition of his Deſcription of the Muſcles, with a few, chiefly verbal, corrections of it.

ON peruſing that work lately, at the requeſt of the Bookſeller, I have found it neceſſary to make a very conſiderable number of alterations in what relates to the deſcription, as well as to the uſes, of the Muſcles.

EDIN. Sep. 5. 1777. ALEX. MONRO.

A

DESCRIPTION

OF THE

HUMAN MUSCLES.

CHAP. I.

MUSCLES *of the* TEGUMENTS *of the* CRANIUM.

THE ſkin that covers the cranium is moved by a ſingle broad digaſtric muſcle, and one ſmall pair.

1. OCCIPITO-FRONTALIS,

Ariſes fleſhy from the tranſverſe protuberant ridge near the middle of the os occipitis laterally, where it joins with the temporal bone; and tendinous from the reſt of that ridge backwards, oppoſite to the lateral ſinus; it ariſes after the ſame manner on the other ſide: From thence it comes ſtraight forwards, by a broad thin tendon, which covers the upper part of the cranium at each ſide, as low down as the attollens aurem, to which it is connected, as alſo to the zygoma, and covers a part of the aponeuroſis of the temporal muſcle; when it comes as far forwards as near the hair of the front, it becomes fleſhy, and deſcends with ſtraight fibres.

Inſerted into the orbicularis palpebrarum of each ſide, and into the ſkin of the eye-brows, ſending down a fleſhy ſlip between them, as far as the compreſſor naris and levator labii ſuperioris alæque naſi.

Uſe. Pulls the ſkin of the head backwards; raiſes the eye-brows upwards; and, at the ſame time, it draws up and wrinkles the ſkin of the fore-head.

Epicranius, Albinus.

Frontalis et occipitalis, Winſlow.

2. CORRUGATOR SUPERCILII,

Ariſes fleſhy from the internal angular proceſs of the os frontis, above the joining of the os naſi, and naſal proceſs of the ſuperior maxillary bone; from thence it runs outwards, and a little upwards.

Inſerted into the inner and inferior fleſhy part of the occipito-frontalis muſcle, where it joins with the orbicularis palpebrarum, and extends outwards as far as the middle of the ſuperciliary ridge.

Uſe. To draw the eye-brow of that ſide towards the other, and make it project over the inner canthus of the eye: When both act, they pull down the ſkin of the forehead, and make it wrinkle, particularly between the eye-brows.

Muſculus Superciliі, Winſlow.

Muſculus Frontalis verus, ſeu Corrugator, Douglas.

CHAP. II.

Of the MUSCLES *of the* EAR.

THE muſcles of the ear may be divided into three claſſes, viz. the common, proper, and internal. The common may move the whole ear; the proper only affect the particular parts to which they are connected; and the internal, the ſmall bones within the tympanum.

The common muſcles are,

1. ATTOLLENS AUREM,

Ariſes thin, broad, and tendinous, from the tendon of the occipito-frontalis, from which it is almoſt inſeparable, where it covers the aponeuroſis of the temporal muſcle.

Inſerted into the upper part of the ear, oppoſite to the antihelix.

Uſe. To draw the ear upwards, and make the parts into which it is inſerted tenſe.

Superior auris, Winſlow.

2. ANTERIOR AURIS,

Ariſes thin and membranous near the poſterior part of the zygoma.

Inſerted into a ſmall eminence on the back of the helix, oppoſite to the concha.

Uſe. To draw this eminence a little forwards and upwards.

3. RE-

3. RETRAHENTES AURIS,

Ariſes, ſometimes by three, but always by two diſtinct ſmall muſcles, from the external and poſterior part of the root of the maſtoid proceſs, immediately above the inſertion of the ſterno-cleido maſtoid muſcle.

Inſerted into that part of the back of the ear which is oppoſite to the ſeptum that divides the ſcapha and concha.

Uſe. To draw the ear back, and ſtretch the concha.

Poſterior auris, Winſlow.

The proper muſcles are,

1. HELICIS MAJOR,

Ariſes from the upper and acute part of the helix anteriorly.

Inſerted into its cartilage a little above the tragus.

Uſe. To depreſs that part from which it ariſes a little downwards and forwards.

2. HELICIS MINOR,

Ariſes from the inferior and anterior part of the helix.

Inſerted into the crus of the helix, near the fiſſure in the cartilage oppoſite to the concha.

Uſe. To contract the fiſſure.

3. TRAGICUS,

Ariſes from the middle and outer part of the concha, at the root of the tragus, along which it runs.

Inſerted into the point of the tragus.

Uſe. Pulls the point of the tragus a little forwards.

4. ANTITRAGICUS.

Ariſes from the internal part of the cartilage that ſupports the antitragus; and, running upwards, is

Inſerted into the tip of the antitragus, as far as the inferior part of the antihelix, where there is a fiſſure in the cartilage.

Uſe. Turns the tip of the antitragus a little outwards, and depreſſes the extremity of the antihelix towards it.

5. TRANSVERSUS AURIS,

Ariſes from the prominent part of the concha on the dorſum of the ear; the fibres not ſo fleſhy as in the former.

Inſerted oppoſite to the outer ſide of the antihelix.

Uſe. Draws the parts to which it is connected towards each other, and ſtretches the ſcapha and concha.

The muſcles of the internal ear are three:

1. LAXATOR TYMPANI,

Ariſes by a ſmall beginning from the extremity of the ſpinous proceſs of the ſphenoid bone, behind the entry of the artery of the dura mater; then running backwards, and a little upwards, along with the nerve called *chorda tympani*, in a fiſſure of the os temporis near the foſſa that lodges the condyle of the lower jaw.

Inſerted into the long proceſs of the malleus, within the tympanum, where it reſts upon the edge of the fiſſure between the pars ſquamoſa and petroſa.

Uſe. To draw the malleus obliquely forwards towards its origin, conſequently the membrana tympani, by which that membrane is made leſs concave, or is relaxed.

Externus mallei, Albinus.
Anterior mallei, Winſlow.
Obliquus auris, Douglas.

2. TENSOR TYMPANI,

Ariſes, by a very ſmall beginning, from the cartilaginous extremity of the Euſtachian tube, juſt where it begins to be covered by the pars petroſa, and ſpinous proceſs of the ſphenoid bone, near the entry of the artery of the dura mater; from thence running backwards near the oſſeous part of the Euſtachian tube, forms a very diſtinct fleſhy belly, below a thin oſſeous plate, between the pars ſquamoſa and labyrinth; and ſends off a ſlender tendon, which makes a turn into the tympanum along with the nerve called *chorda tympani*.

Inſerted into the poſterior part of the handle of the malleus, a little lower than the root of its long proceſs.

Uſe. To pull the malleus and membrana tympani inwards towards the pars petroſa, by which the membrane is made more concave and tenſe.

Internus mallei, Winſlow.

Internus auris, Douglas.

3. STAPEDIUS,

Ariſes, by a ſmall fleſhy belly, from a little cavern in the pars petroſa, near the cells of the maſtoid proceſs, before the inferior part of the paſſage for the portio dura of the auditory nerve; its tendon paſſes ſtraight thro' a ſmall round hole in the ſame cavern, enters the anterior part of the tympanum, and is

Inſerted into the poſterior part of the head of the ſtapes.

Uſe. To draw the ſtapes obliquely upwards towards the cavern, by which the poſterior part of its baſe is moved inwards, and the anterior part outwards.

Muſculus ſtapedis, Winſlow.

Stapidæus, Douglas.

CHAP. III.

Of the MUSCLES *of the* EYE-LIDS.

THE palpebræ, or eye-lids, have one muſcle common to both, and the upper eye-lid one proper to itſelf.

1. ORBICULARIS PALPEBRARUM.

Ariſes, by a number of fleſhy fibres, from the outer edge of the orbitar proceſs of the ſuperior maxillary bone, and from a tendon near the inner angle of the eye: theſe run a little downwards, then outwards, over the upper part of the cheek, below the orbit, covering the under eye-lid, and ſurround the external angle, being looſely connected only to the ſkin and fat; run over the ſuperciliary ridge of the os frontis, towards the inner canthus, where they intermix with thoſe of the occipito-frontalis and corrugator ſupercilii; then covering the upper eye-lid, deſcend to the inner angle oppoſite to the inferior origin of this muſcle, firmly adhering to the internal angular proceſs of the os frontis, and to the ſhort round tendon which ſerves to fix the palpebræ and muſcular fibres ariſing from it.

Inſerted, by the ſhort round tendon, into the naſal proceſs of the ſuperior maxillary bone, covering the anterior and upper part of the lachrymal ſac; which tendon can be eaſily felt at the inner canthus of the eye.

Uſe. To ſhut the eye, by drawing both lids cloſe together, the fibres contracting from the outer angle towards the inner, preſs the eye-ball, ſqueeze the lachrymal gland, and convey the tears towards the punćta lachrymalia.

The *ciliaris* of ſome authors is only a part of this muſcle covering the cartilages of the eye-lids, called *cilia* or *tarſi.*

There is often a ſmall fleſhy ſlip which runs down from the outer and inferior part of this muſcle above the zygomaticus minor, and joins with the levator labii ſuperioris alæque naſi.

2. LEVATOR PALPEBRÆ SUPERIORIS,

Ariſes from the upper part of the foramen opticum of the ſphenoid bone, through which the optic nerve paſſes, above the levator oculi, near the trochlearis muſcle.

Inſerted, by a broad thin tendon, into the cartilage that ſupports the upper eye-lid, named *tarſus.*

Uſe. To open the eye, by drawing the eye-lid upwards; which it does completely, by being fixed to the tarſus, pulling it below the eye-brow, and within the orbit.

Aperiens palpebram rećtus, Douglas.

CHAP. IV.

MUSCLES *of the* EYE-BALL.

THE muſcles which move the globe of the eye are ſix, viz.

Four *ſtraight* and two *oblique.*

The four ſtraight muſcles very much reſemble each other; all

Ariſing, by a narrow beginning, a little tendinous and fleſhy, from the bottom of the orbit around the foramen opticum of the ſphenoid bone, where the optic nerve enters, ſo that they may be taken out adhering to this nerve; and all having ſtrong fleſhy bellies.

Inſerted at the fore-part of the globe of the eye into the anterior part of the tunica ſclerotica, and under the tunica adnata, at oppoſite ſides, which indicates both their names and *Uſe;* ſo that they ſcarcely require any further deſcription, but to name them ſingly.

1. LEVATOR OCULI,

Ariſes from the upper part of the foramen opticum of the ſphenoid bone, below the levator palpebræ ſuperioris; and runs forwards to be

Inſerted into the ſuperior and fore-part of the tunica ſclerotica, by a broad thin tendon.

Uſe. To raiſe up the globe of the eye.

Atollens, Albinus.
Elevator, Douglas.

2. DEPRESSOR OCULI,

Ariſes from the inferior part of the foramen opticum.

Inſerted oppoſite to the former.

Uſe. To pull the globe of the eye down.

Deprimens, Albinus.

3. ADDUCTOR OCULI,

Ariſes, as the former, between the obliquus ſuperior and depreſſor, being, from its ſituation, the ſhorteſt.

Inſerted oppoſite to the inner angle.

Uſe. To turn the eye towards the noſe.

4. ABDUCTOR OCULI,

Ariſes from the bony partition between the foramen opticum and lacerum, being the longeſt from its ſituation; and is

Inſerted into the globe oppoſite to the outer canthus.

Uſe. To move the globe outwards.

The oblique muſcles are two:

1. OBLIQUUS SUPERIOR, SEU TROCHLEARIS,

Ariſes, like the ſtraight muſcles, from the edge of the foramen opticum at the bottom of the orbit, between the levator and adductor oculi; from thence runs ſtraight along the pars plana of the ethmoid bone to the upper part of the orbit, where a cartilaginous trochlea is fixed to the inſide of the internal angular proceſs of the os frontis, through which its tendon paſſes, and runs a little downwards and outwards, incloſed in a looſe membranous ſheath.

Inſerted, by a broad thin tendon, into the tunica ſclerotica, about half-way between the inſertion of the attollens oculi and optic nerve.

Uſe. To roll the globe of the eye, and to turn the pupil downwards and outwards, ſo that the upper ſide of the globe is turned inwards, and the inferior part to the outſide of the orbit, and the whole globe drawn forwards towards the inner canthus.

Obliquus major, Winſlow.

2. OBLIQUUS INFERIOR,

Ariſes, by a narrow beginning, from the outer edge of the orbitar proceſs of the ſuperior maxillary bone, near its juncture with the os unguis; and running obliquely outwards, is

Inſerted into the ſclerotica, in the ſpace between the abductor and optic nerve, by a broad thin tendon.

Uſe. To draw the globe of the eye forwards, inwards, and downwards; and, contrary to the ſuperior, to turn the pupil upwards, towards the inner extremity of the eye-brow; at the ſame time, the external part of the globe is turned towards the inferior ſide, and the internal rolls towards the upper part.

Obliquus minor, Winſlow.

CHAP.

CHAP. V.

Of the MUSCLE *of the* NOSE.

THERE is only one muſcle on each ſide that can be called proper to the noſe, though it is affected by ſeveral muſcles of the face.

COMPRESSOR NARIS,

Ariſes, by a narrow beginning, from the root of the ala naſi externally, where part of the levator labii ſuperioris alæque naſi is connected to it; it ſpreads into a number of thin diſgregated fibres, which run up along the cartilage in an oblique manner, towards the dorſum of the noſe, where it joins with its fellow, and is

Inſerted ſlightly into the anterior extremity of the os naſi and naſal proceſs of the ſuperior maxillary bone, where it meets with ſome of the fibres deſcending from the occipito-frontalis muſcle.

Uſe. To compreſs the ala towards the ſeptum naſi, particularly when we want to ſmell acutely; but, if the fibres of the frontal muſcle which adhere to it act, the upper part of this thin muſcle aſſiſts to pull the ala outwards. It alſo corrugates the ſkin of the noſe, and aſſiſts in expreſſing certain paſſions.

Rinæus, vel naſalis, Douglas.

CHAP. VI.

MUSCLES *of the* MOUTH *and* LIPS.

THE mouth has nine pair of muſcles, which are inſerted into the lips, and a common one formed by the termination of theſe, viz. three *above*, three *below*, three *outwards*, and the common muſcle ſurrounds the mouth.

The three above are,

1. LEVATOR ANGULI ORIS,

Ariſes, thin and fleſhy, from the hollow of the ſuperior maxillary bone, between the root of the ſocket of the firſt dens molaris and the foramen infraorbitarium.

Inſerted into the angle of the mouth and under lip, where it joins with its antagoniſt.

Uſe. To draw the corner of the mouth upwards, and make that part of the cheek oppoſite to the chin prominent, as in ſmiling.

Elevator labiorum communis, Douglas.

Caninus, Winſlow.

2. LEVATOR LABII SUPERIORIS ALÆQUE NASI,

Ariſes by two diſtinct origins; the firſt, broad and fleſhy, from the external part of the orbitar proceſs of the ſuperior maxillary bone which forms the lower part of the orbit, immediately above the foramen infra orbitarium; the ſecond portion ariſes from the naſal proceſs of the ſuperior maxillary bone, where it joins the os frontis at the inner canthus, deſcending along the edge of the groove for the lachrymal ſac. The firſt and ſhorteſt portion is

Inſerted into the upper lip and orbicularis labiorum; the ſecond and longeſt, into the upper lip and outer part of the ala naſi.

Uſe. To raiſe the upper-lip towards the orbit, and a little outwards; the ſecond portion ſerves to draw the ſkin of the noſe upwards and outwards, by which the noſtril is dilated.

Elevator labii ſuperioris proprius, Douglas.

Inciſivus lateralis, Firſt portion; *Pyramidalis*, Second portion; Winſlow.

3. DEPRESSOR LABII SUPERIORIS ALÆQUE NASI,

Ariſes, thin and fleſhy, from the os maxillare ſuperius, immediately above the joining of the gums with the two dentes inciſivi, and the dens caninus; from thence it runs up under part of the levator labii ſuperioris alæque naſi.

Inſerted into the upper lip and root of the ala naſi.

Uſe. To draw the upper lip and ala naſi downwards and backwards.

Depreſſor alæ naſi, Albinus.

Inciſivus medius, Winſlow.

Depreſſor labii ſuperioris proprius, Douglas.

The three below are,

1. DEPRESSOR ANGULI ORIS,

Ariſes, broad and fleſhy, from the lower edge of the maxilla inferior, at the ſide of the chin, being firmly connected to that part of the platyſma myoides, which runs over the maxilla to the angle of the mouth, to the depreſſor labii inferioris within, and to the ſkin and fat without, gradually turning narrower; and is

Inſerted into the angle of the mouth, joining with the zygomaticus major and levator anguli oris.

Uſe. To pull down the corner of the mouth.

Triangularis, Winſlow.
Depreſſor labiorum communis, Douglas.

2. DEPRESSOR LABII INFERIORIS,

Ariſes, broad and fleſhy, intermixed with fat, from the inferior part of the lower jaw next the chin; runs obliquely upwards; and is

Inſerted into the edge of the under lip, extends along one half of the lip, and is loſt in its red part.

Uſe. To pull the under lip and the ſkin of the ſide of the chin downwards, and a little outwards.

Quadratus, Winſlow.
Depreſſor labii inferioris proprius, Douglas.

3. LEVATOR LABII INFERIORIS,

Ariſes, from the lower jaw, at the roots of the alveoli of two dentes inciſivi and of the caninus; is

Inſerted into the under-lip and ſkin of the chin.

Uſe. To pull the parts into which it is inſerted upwards.

Levator menti, Albinus.
Inciſivus inferior, Winſlow.
Elevator labii inferioris proprius, Douglas.

The three outward are,

1. BUCCINATOR,

Ariſes, tendinous and fleſhy, from the lower jaw, as far back as the laſt dens molaris and fore-part of the root of the coronoid proceſs; fleſhy from the upper jaw, between the laſt dens molaris and pterygoid proceſs of the ſphenoid bone; from the extremity of which it ariſes tendinous, being continued between both jaws to the conſtrictor pharyngis ſuperior, with which it joins; from thence proceeding with ſtraight fibres, and ad-

adhering cloſe to the membrane that lines the mouth, it is

Inſerted into the angle of the mouth within the orbicularis oris.

Uſe. To draw the angle of the mouth backwards and outwards, and to contract its cavity, by preſſing the cheek inwards, by which the food is thruſt between the teeth.

Retractor anguli oris, Albinus.

2. ZYGOMATICUS MAJOR,

Ariſes, fleſhy, from the os malæ, near the zygomatic ſuture.

Inſerted into the angle of the mouth, appearing to be loſt in the depreſſor anguli oris and orbicularis oris.

Uſe. To draw the corner of the mouth and underlip towards the origin of the muſcle, and make the cheek prominent, as in laughing.

Zygomaticus, Douglas.

3. ZYGOMATICUS MINOR,

Ariſes from the upper prominent part of the os malæ, above the origin of the former muſcle; and, deſcending obliquely downwards and forwards, is

Inſerted into the upper lip, near the corner of the mouth, along with the levator anguli oris.

Uſe. To draw the corner of the mouth obliquely outwards, and upwards, towards the external canthus of the eye.

The common muſcle is the

ORBICULARIS ORIS.

This muſcle is, in a great meaſure, formed by the muſcles that move the lips; the fibres of the ſuperior deſcending, thoſe of the inferior aſcending, and decuſſating each other about the corner of the mouth, run along the lip to join thoſe of the oppoſite ſide, ſo that the fleſhy fibres appear to ſurround the mouth like a ſphincter.

Uſe. To ſhut the mouth, by contracting and drawing both lips together, and to counteract all the muſcles that aſſiſt in forming it.

Sphincter labiorum, Douglas.
Semi-orbicularis, Winſlow.
Conſtrictor oris, Cowper.

There is another ſmall muſcle deſcribed by Albinus, which he calls *Naſalis labii ſuperioris ;* but it ſeems to be only ſome fibres of the former connected to the ſeptum naſi.

CHAP. VII.

MUSCLES *of the* LOWER JAW.

THE lower jaw has four pair of muſcles for its elevation or lateral motions, viz. two, which are ſeen on the ſide of the face, and two concealed by the angle of the jaw.

1. TEMPORALIS,

Ariſes, fleſhy, from a ſemicircular ridge of the lower and lateral part of the parietal bone, from all the pars ſquamoſa of the temporal bone, from the external angular proceſs of the os frontis, from the temporal proceſs of the ſphenoid bone, and from an aponeuroſis which covers it : from theſe different origins the fibres deſcend like radii towards the jugum, under which they paſs ; and are

Inſerted, by a ſtrong tendon, into the upper part of the coronoid proceſs of the lower jaw ; in the duplicature of which tendon this proceſs is incloſed as in a ſheath, being continued down all its fore-part to near the laſt dens molaris.

Uſe. To pull the lower jaw upwards, and preſs it againſt the upper, at the ſame time drawing it a little backwards.

N. B. This muſcle is covered by a tendinous membrane, called its *aponeuroſis*, which ariſes from the bones that give origin to the upper and ſemicircular part of the muſcle; and, deſcending over it, is inſerted into all the jugum, and the adjoining part of the os frontis. The uſe of this membrane is to give room for the origin of a greater number of fleſhy fibres, to fortify the muſcle in its action, and to ſerve as a defence to it.

Crotaphite muſcle, Winſlow.

2. MASSETER.

Ariſes, by ſtrong, tendinous, and fleſhy fibres, which run in different directions, from the ſuperior maxillary bone, where it joins the os malæ, and from the inferior and interior part of the zygoma, its whole length, as far back as the tubercle before the ſocket for the condyle of the lower jaw; the external fibres ſlanting backwards, and the internal forwards.

Inſerted into the angle of the lower jaw, and from that upwards to near the top of its coronoid proceſs.

Uſe. To pull the lower to the upper jaw, and, by means of its oblique decuſſation, a little forwards and backwards.

3. PTERYGOIDEUS INTERNUS,

Ariſes, tendinous and fleſhy, from the inner and upper part of the internal plate of the pterygoid proceſs, filling all the ſpace between the two plates; and from the pterygoid proceſs of the os palati between theſe plates.

Inſerted into the angle of the lower jaw internally.

Uſe. To draw the jaw upwards, and obliquely towards the oppoſite ſide.

Pterygoideus major, Winſlow.

4. PTERYGOIDEUS EXTERNUS,

Ariſes from the outer ſide of the external plate of the pterygoid proceſs of the ſphenoid bone, from part of the tuberoſity of the os maxillare adjoining to it, and from the root of the temporal proceſs of the ſphenoid bone.

Inſerted into a cavity in the neck of the condyloid proceſs of the lower jaw; ſome of its fibres are inſerted into the ligament that connects the moveable cartilage and that proceſs to each other.

Uſe. To pull the lower jaw forwards, and to the oppoſite ſide; and to pull the ligament from the joint, that it may not be pinched during theſe motions: when both external pterygoid muſcles act, the foreteeth of the under-jaw are puſhed forwards beyond thoſe of the upper jaw.

Pterygoideus minor, Winſlow.

CHAP. VIII.

The MUSCLES *which appear about the anterior part of the* NECK.

ON the ſide of the neck are two muſcles or layers.

1. MUSCULUS CUTANEUS,

VULGO,

PLATYSMA MYOIDES.

Ariſes, by a number of ſlender diſgregated fleſhy fibres, from the cellular ſubſtance that covers the upper parts of the deltoid and pectoral muſcles; in their aſcent they all unite to form a thin muſcle, which runs obliquely upwards along the ſide of the neck, adhering to the ſkin.

Inſerted into the lower jaw, between its angle and the origin of the depreſſor anguli oris, to which it is firmly connected, and but ſlightly to the ſkin that covers the inferior part of the maſſeter muſcle and parotid glands.

Uſe. To aſſiſt the depreſſor anguli oris in drawing the ſkin of the cheek downwards; and when the mouth is ſhut, it draws all that part of the ſkin, to which it is connected, below the lower jaw, upwards.

Platyſma myoides, Galen.
Muſculus cutaneus, Winſlow.
Quadratus genæ, vel Latiſſimus colli, Douglas.
Latiſſimus colli, Albinus.

2. STERNO-CLEIDO-MASTOIDEUS,

Ariſes by two diſtinct origins; the anterior, tendinous and a little fleſhy, from the top of the ſternum near its junction with the clavicle; the poſterior, fleſhy, from the upper and anterior part of the clavicle; both unite a little above the anterior articulation of the clavicle, to form one muſcle, which runs obliquely upwards and outwards, to be

Inſerted, by a thick ſtrong tendon, into the maſtoid proceſs, which it ſurrounds; and, gradually turning thinner, is inſerted as far back as the lambdoid ſuture.

Uſe. To turn the head to one ſide, and bend it forwards.

Sterno-maſtoideus and *Cleido-maſtoideus*, Albinus.
Maſtoideus, Douglas.

CHAP. IX.

MUSCLES *ſituated between the* LOWER JAW *and* OS HYOIDES.

THERE are four layers before, and two muſcles at the ſide.

The four layers are,

1. DIGASTRICUS,

Ariſes, by a fleſhy belly, intermixed with tendinous fibres, from the foſſa at the root of the maſtoid proceſs of the temporal bone, and ſoon becomes tendinous; runs downwards and forwards: the tendon paſſes generally through the ſtylo-hyoideus muſcle; then it is fixed by a ligament to the os hyoides; and, having received from that bone an addition of tendinous and muſcular fibres, runs obliquely forwards, turns fleſhy again, and is

Inſerted, by this anterior belly, into a rough ſinuoſity at the inferior and anterior edge of that part of the lower jaw called the *chin*.

Uſe. To open the mouth, by pulling the lower jaw downwards and backwards; and, when the jaws are ſhut, to raiſe the larynx, and conſequently the pharynx, upwards, as in deglutition.

Biventer maxillæ inferioris, Albinus.

2. MYLO-HYOIDEUS,

Ariſes, fleſhy, from all the inſide of the lower jaw, be-

between the laſt dens molaris and the middle of the chin, where it joins with its fellow.

Inſerted into the lower edge of the baſis of the os hyoides, and joins with its fellow.

Uſe. To pull the os hyoides forwards, upwards, and to a ſide.

3. GENIO-HYOIDEUS,

Ariſes, tendinous, from a rough protuberance in the middle of the lower jaw internally, or inſide of the chin.

Inſerted into the baſis of the os hyoides.

Uſe, To draw this bone forwards to the chin.

4. GENIO-HYO-GLOSSUS,

Ariſes, tendinous, from a rough protuberance in the inſide of the middle of the lower-jaw; its fibres run, like a fan, forwards, upwards, and backwards; and are

Inſerted into the tip, middle, and root of the tongue, and baſe of the os hyoides, near its cornu.

Uſe. According to the direction of its fibres, to draw the tip of the tongue backwards into the mouth, the middle downwards, and to render its dorſum concave; to draw its root and os hyoides forwards, and to thruſt the tongue out of the mouth.

The two muſcles at the ſide are,

1. HYO-GLOSSUS,

Ariſes, broad and fleſhy, from the baſe, cornu, and appendix of the os hyoides; the fibres run upwards and outwards, to be

Inſerted into the ſide of the tongue, near the ſtylo-gloſſus.

Uſe. To pull the tongue inwards and downwards.
Baſio-cerato-chondro-gloſſus, Albinus.
Cerato-gloſſus, Douglas.

2. Lin-

2. LINGUALIS,

Ariſes from the root of the tongue laterally; runs forwards between the hyſſo-gloſſus and genio-gloſſus, to be

Inſerted into the tip of the tongue, along with part of the ſtylo-gloſſus.

Uſe. To contract the ſubſtance of the tongue, and bring it backwards.

C H A P. X.

MUSCLES *ſituated between the* OS HYOIDES *and* TRUNK.

THESE may be divided into two layers.

The firſt layer conſiſts of two muſcles.

1. STERNO-HYOIDEUS,

Ariſes, thin and fleſhy, from the cartilaginous extremity of the firſt rib, the upper and inner part of the ſternum, and from the clavicle where it joins with the ſternum.

Inſerted into the baſe of the os hyoides.

Uſe. To pull the os hyoides downwards.

2. OMO-HYOIDEUS,

Ariſes, broad, thin, and fleſhy, from the ſuperior coſta of the ſcapula, near the ſimilunar nitch, and from the ligament that runs acroſs it; thence aſcending obliquely, it becomes tendinous below the ſterno-cleido-maſtoid muſcle; and, growing fleſhy again, is

Inſerted into the baſe of the os hyoides, between its cornu and the inſertion of the ſterno-hyoideus.

Uſe. To pull the os hyoides obliquely downwards.

Coraco-hyoideus, Albinus and Douglas.

The ſecond layer conſiſts of three muſcles.

1. STERNO-THYROIDEUS,

Ariſes, fleſhy, from the whole edge of the uppermoſt bone of the ſternum internally, oppoſite to the cartilage of the firſt rib, from which it receives a ſmall part of its origin.

Inſerted into the ſurface of the rough line at the external part of the inferior edge of the thyroid cartilage.

Uſe. To draw the larynx downwards.

2. THYREO-HYOIDEUS,

Inſerted into part of the baſis, and almoſt all the cornu of the os hyoides.

Ariſes from the rough line, oppoſite to the former.

Uſe. To pull the os hyoides downwards, or the thyroid cartilage upwards.

Thyro-hyoideus, vel Hyo-thyroideus, Winſlow.

3. CRICO-THYROIDEUS,

Ariſes from the ſide and fore-part of the cricoid cartilage, running obliquely upwards.

Inſerted by two portions; the firſt, into the lower part of the thyroid cartilage; the ſecond, into its inferior cornu.

Uſe. To pull forwards and depreſs the thyroid, or to elevate and draw backwards the cricoid cartilage.

CHAP. XI.

MUSCLES *ſituated between the* LOWER JAW *and* OS HYOIDES *laterally.*

THEY are five in number. Three proceed from the ſtyloid proceſs of the temporal bone; from which they have half of their names; and two from the pterygoid proceſs of the ſphenoid bone.

The three from the ſtyloid proceſs are,

1. STYLO-GLOSSUS,

Ariſes, tendinous and fleſhy, from the ſtyloid proceſs, and from a ligament that connects that proceſs to the angle of the lower jaw.

Inſerted into the root of the tongue, runs along its ſide, and is inſenſibly loſt near its tip.

Uſe. To draw the tongue laterally and backwards.

2. STYLO-HYOIDEUS.

Ariſes, by a round tendon, from the middle and inferior part of the ſtyloid proceſs.

Inſerted into the os hyoides at the junction of the baſe and cornu.

Uſe. To pull the os hyoides to one ſide, and a little upwards.

N. B. Its fleſhy belly is generally perforated by the tendon of the digaſtric muſcle, on one or both ſides. There is often another accompanying it, called *ſtylo-hyoideus*,

hyoideus alter ; and has the ſame origin, inſertion, and uſe.

3. STYLO-PHARYNGEUS,

Ariſes, fleſhy, from the root of the ſtyloid proceſs.

Inſerted into the ſide of the pharynx and back-part of the thyroid cartilage.

Uſe. To dilate and raiſe the pharynx and thyroid cartilage upwards.

The two from the pterygoid proceſs are,

1. CIRCUMFLEXUS, OR TENSOR PALATI,

Ariſes from the ſpinous proceſs of the ſphenoid bone, behind the foramen ovale, which tranſmits the third branch of the fifth pair of nerves ; from the Euſtachian tube, not far from its oſſeous part : it then runs down along the pterygoideus internus, paſſes over the hook of the internal plate of the pterygoid proceſs by a round tendon, which ſoon ſpreads into a broad membrane.

Inſerted into the velum pendulum palati, and the ſemilunar edge of the os palati, and extends as far as the ſuture which joins the two bones. Generally ſome of its poſterior fibres join with the conſtrictor pharyngis ſuperior, and palato-pharyngeus.

Uſe. To ſtretch the velum, to draw it downwards, and to a ſide towards the hook. It has little effect upon the tube, being chiefly connected to its oſſeous part.

Circumflexus palati, Albinus.

Spheno-ſalpingo-ſtaphilinus, ſeu *Staphilinus externus*, Winſlow.

Muſculus tubæ novus, Valſalva; vel *Palato-ſalphingeus*, Douglas.

2. LEVATOR PALATI,

Ariſes, tendinous and fleſhy, from the extremity of the pars petroſa of the temporal bone, where it is perforated by the Euſtachian tube, and alſo from the membranous part of the ſame tube.

Inſerted into the whole length of the velum pendulum palati, as far as the root of the uvula, and unites with its fellow.

Uſe. To draw the velum upwards and backwards, ſo as to ſhut the paſſage from the fauces into the mouth and noſe.

Levator palati mollis, Albinus.

Petro-ſalpingo-ſtaphilinus, vel *Salpingo-ſtaphilinus internus*, Winſlow.

Salpingo-ſtaphilinus, Valſalva. *Pterigo-ſtaphilinus externus*, *vulgo*, Douglas.

Spheno-ſtaphilinus, Couper.

Previous to the deſcription of the muſcles ſituated about the paſſage into the throat, it will be neceſſary to mention the principal parts to which they are connected.

Upon looking into any perſon's mouth, when wide opened, we ſee a ſoft curtain hanging from the palate-bones, named *velum pendulum palati*. In the middle of which, we likewiſe obſerve a papilla projecting from the velum, named *uvula*, or *pap of the throat*. From each ſide of the uvula, at its root, two arches, or columns, are ſent down; the anterior to the root of the tongue, the poſterior to the pharynx. Between theſe arches, on each ſide, the cellular glands called *amygdalæ*, or *almonds of the ears*, are ſituated.

The common opening behind the anterior arch may be named *fauces*, or *top of the throat*, from which there are ſix paſſages, viz. two upwards, being one to each noſtril: two at the ſides, or one to each ear, called the *Euſtachian tubes*: two downwards; the anterior is the paſſage through the *glottis* and *larynx*, into the *trachea*, which terminates in the lungs; the poſterior is the largeſt, named *pharynx*, or top of the *œſophagus*, which leads to the ſtomach.

CHAP. XII.

MUSCLES *ſituated about the entry to the* FAUCES.

THERE are two on each ſide, and a ſingle one in the middle.

The two on each ſide are,

1. CONSTRICTOR ISTHMI FAUCIUM,

Ariſes, by a ſlender beginning, from the ſide of the tongue, near its root; from thence running upwards, within the anterior arch, before the amygdala, it is

Inſerted into the middle of the velum pendulum palati, at the root of the uvula anteriorly, being connected with its fellow, and with the beginning of the palato-pharyngeus.

Uſe. Draws the velum towards the root of the tongue, which it raiſes at the ſame time, and, with its fellow, contracts the paſſage between the two arches, by which it ſhuts the opening into the fauces.

Gloſſo-ſtaphilinus, Winſlow and Douglas.

2. PALATO-PHARYNGEUS.

Ariſes, by a broad beginning, from the middle of the velum pendulum palati, at the root of the uvula poſteriorly, and from the tendinous expanſion of the circumflexus palati. The fibres are collected within the poſterior arch behind the amygdala, and run backwards to the top and lateral part of the pharynx, where the fibres are ſcattered, and mix with thoſe of the ſtylo-pharyngeus.

Inſerted

Inſerted into the edge of the upper and back part of the thyroid cartilage; ſome of its fibres being loſt between the membrane of the pharynx and the two inferior conſtrictors.

Uſe. Draws the uvula and velum downwards and backwards; and at the ſame time pulls the thyroid cartilage and pharynx upwards, and ſhortens it; with the conſtrictor ſuperior and tongue, it aſſiſts in ſhutting the paſſage into the noſtrils; and, in ſwallowing, it thruſts the food from the fauces into the pharynx.

Thyro-ſtaphilinus, Douglas.

Thyro-pharyngo-ſtaphilinus, Winſlow.

SALPINGO-PHARYNGEUS of Albinus is compoſed of a few fibres of this muſcle, which

Ariſe from the anterior and lower part of the cartilaginous extremity of the Euſtachian tube; and are

Inſerted into the inner part of the laſt-mentioned muſcle.

Uſe. To aſſiſt the former, and to dilate the mouth of the tube.

The one in the middle is the

AZYGOS UVULÆ.

Ariſes, fleſhy, from the extremity of the ſuture which joins the palate-bones, runs down the whole length of the velum and uvula, reſembling a ſmall earth-worm, and adhering to the tendons of the circumflexi.

Inſerted into the tip of the uvula.

Uſe. Raiſes the uvula upwards and forwards, and ſhortens it.

Palato-ſtaphilinus, Douglas.

Staphilinus, or *Epiſtaphilinus*, Winſlow.

CHAP. XIII.

MUSCLES *ſituated on the poſterior part of the* PHARYNX.

OF theſe there are three pair.

1. CONSTRICTOR PHARYNGIS INFERIOR,

Ariſes from the ſide of the thyroid cartilage, near the attachment of the ſterno-hyoideus and thyreo-hyoideus muſcles; and from the cricoid cartilage, near the crico-thyroideus. This muſcle is the largeſt of the three, and is

Inſerted into the white line, where it joins with its fellow; the ſuperior fibres running obliquely upwards, covering nearly one half of the middle conſtrictor, and terminating in a point; the inferior fibres run more tranſverſely, and cover the beginning of the œſophagus.

Uſe. To compreſs that part of the pharynx which it covers, and to raiſe it with the larynx a little upwards.

Thyro-pharyngeus, *Crico-pharyngeus*, Douglas.

2. CONSTRICTOR PHARYNGIS MEDIUS.

Ariſes from the appendix of the os hyoides, from the cornu of that bone, and from the ligament which connects it to the thyroid cartilage; the fibres of the ſuperior part running obliquely upwards, and, covering a conſiderable part of the ſuperior conſtrictor, terminate in a point.

Inſerted into the middle of the cuneiform proceſs of the os occipitis, before the foramen magnum, and joined to its fellow at a white line in the middle back part of the pharynx. The fibres at the middle part run more tranſverſely than thoſe above or below.

Uſe. To compreſs that part of the pharynx which it covers, and to draw it and the os hyoides upwards.

Hyo-pharyngeus, *Syndeſmo-pharyngeus*, Douglas.

3. CONSTRICTOR PHARYNGIS SUPERIOR,

Ariſes, above, from the cuneiform proceſs of the os occipitis, before the foramen magnum, near the holes where the ninth pair of nerves paſſes out; lower down, from the pterygoid proceſs of the ſphenoid bone; from the upper and under jaw, near the roots of the laſt dentes molares; and between the jaws, it is continued with the buccinator muſcle, and with ſome fibres from the root of the tongue and from the palate.

Inſerted into a white line in the middle of the pharynx, where it joins with its fellow, and is covered by the conſtrictor medius.

Uſe. To compreſs the upper part of the pharynx, and draw it forwards and upwards.

Cephalo-pharyngeus, *Pterygo-pharyngeus*, *Mylo-pharyngeus*, *Gloſſo-pharyngeus*, Douglas.

CHAP. XIV.

MUSCLES *ſituated about the* GLOTTIS.

THEY conſiſt generally of four pair of ſmall muſcles, and a ſingle one.

1. CRI-

1. CRICO-ARYTÆNOIDEUS POSTICUS,

Ariſes, fleſhy, from the back-part of the cricoid cartilage, and is

Inſerted into the poſterior part of the baſe of the arytenoid cartilage.

Uſe. To open the rima glottidis a little, and, by pulling back the arytenoid cartilage, to ſtretch the ligament ſo as to make it tenſe.

2. CRICO ARTYÆNOIDEUS LATERALIS,

Ariſes, fleſhy, from the cricoid cartilage, laterally, where it is covered by part of the thyroid, and is

Inſerted into the ſide of the baſe of the arytenoid cartilage near the former.

Uſe. To open the rima glottidis, by pulling the ligaments from each other.

3. THYREO-ARYTÆNOIDEUS,

Ariſes from the under and back part of the middle of the thyroid cartilage; and, running backwards and a little upwards, alongſt the ſide of the glottis, is

Inſerted into the arytenoid cartilage, higher up and farther forwards than the crico-arytænoideus lateralis.

Uſe. To pull the arytenoid cartilage forwards nearer to the middle of the thyroid, and conſequently to ſhorten and relax the ligament of the larynx or glottis vera.

4. ARYTÆNOIDEUS OBLIQUUS.

Ariſes from the baſe of one arytenoid cartilage; and, croſſing its fellow, is

Inſerted near the tip of the other arytenoid cartilage.

Uſe. When both act, they pull the arytenoid cartilages towards each other.

N. B. Very often one of theſe is wanting.

Arytænoideus minor, Douglas.

The ſingle muſcle is the

ARYTÆNOIDEUS TRANSVERSUS,

Ariſes from the ſide of one arytenoid cartilage, from near its articulation with the cricoid to near its tip. The fibres run ſtraight acroſs; and are

Inſerted, in the ſame manner, into the other arytenoid cartilage.

Uſe. To ſhut the rima glottidis, by bringing theſe two cartilages, with the ligaments, nearer one another.

Arytænoideus major, Douglas.

Beſides theſe, there are a few diſgregated muſcular fibres on each ſide; which, from their general direction, are named,

1. THYREO-EPIGLOTTIDEUS,

Ariſes, by a few pale diſgregated fibres from the thyroid cartilage; and is

Inſerted into the epiglottis laterally.

Uſe. To draw the epiglottis obliquely downwards, or, when both act, directly downwards; and, at the ſame time, it expands that ſoft cartilage.

2. ARYTÆNO-EPIGLOTTIDEUS,

Ariſes, by a number of ſmall fibres, from the lateral and upper part of the arytænoid cartilage; and, running along the outer ſide of the external rima, is

Inſerted into the epiglottis along with the former.

Uſe. To pull that ſide of the epiglottis towards the external rima; or, when both act, to pull it cloſe upon the glottis. It is counteracted by the elaſticity of the epiglottis.

CHAP. XV.

MUSCLES *ſituated on the anterior part of the* ABDOMEN.

THEY conſiſt of three broad layers on each ſide of the belly; always a long one, and generally alſo a ſhort one, on each ſide of the linea alba.

The three layers are,

1. OBLIQUUS DESCENDENS EXTERNUS,

Ariſes, by eight heads, from the lower edges of an equal number of inferior ribs, at a little diſtance from their cartilages: it always intermixes, in a ſerrated manner, with portions of the ſerratus major anticus; and generally coheres to the pectoralis major, intercoſtals, and latiſſimus dorſi; which laſt covers the edge of a portion of it extended from the laſt rib to the ſpine of the os ilium. From theſe origins the fibres run down obliquely forwards, and terminate in a thin broad tendon, whoſe fibres are continued in the ſame direction.

Inſerted into the whole length of the *linea alba* *; becomes thicker towards the lower part of the abdomen, and is perforated in the middle by the umbilicus †. On the outſide of the rectus muſcle, the tendon of the external oblique appears whiter than elſewhere, by its being there connected with the tendons of the internal oblique and tranſverſe muſcles; ſo that this part has been called *Linea ſemilunaris*, from its curved ſhape. The under part of the tendon divides into two columns, which leaves an oval ſpace between them, named the *ring* § of the external oblique muſcle, for the paſſage of the ſpermatic cord in the male, or round ligament of the womb:. The anterior ſuperior column paſſes over the cartilage between the oſſa pubis, and is fixed to the oppoſite os pubis; the other is fixed to the os pubis of the ſame ſide. It is alſo inſerted, tendinous and fleſhy, into the middle of the ſpine of the ilium.

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* The *linea alba* is formed by the tendinous fibres of the two oblique and tranſverſe muſcles, interlaced with thoſe of the oppoſite ſide, the whole way from the cartilago enſiformis to the os pubis; ſo that ſome think they ſhould be called three digaſtric muſcles, with a broad middle tendon and two fleſhy bellies.

† The *umbilicus* was originally the paſſage for the veſſels that con-

From that part, which is named its *anterior ſuperior ſpinous proceſs*, it is ſtretched tendinous to the os pubis, and is named *Poupart*'s or *Fallopius's ligament* *. From this ligament it ſends a tendinous layer, which is loſt in the membranous faſcia of the thigh.

Uſe. Supports and compreſſes the peritoneum and abdomen; aſſiſts the evacuations of fæces and urine, and likewiſe in the excluſion of the fœtus; thruſts the diaphragm upwards, and draws down the ribs in expira-

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connected the fœtus to the ſecundines; and is really a hole through the teguments and tendons, filled up only by a cellular ſubſtance, and covered within by the peritoneum.

§ The *ring* of the external oblique muſcle is made ſomewhat circular, by a thin tendinous or rough cellular ſubſtance, which helps to fill it up; and though a few muſcular fibres of the internal are ſeparated, yet the ſtricture in herniæ only happens in the tendon of the external.

* *Poupart*, or *Fallopius's ligament*, is the inferior part of the tendon of the external oblique, extending from the anterior ſuperior ſpinous proceſs of the ilium to the os pubis, where it is thickeſt, in order to ſtrengthen the inferior part of the abdomen: here it is not inſerted into any bone, but paſſes over the blood-veſſels of the inferior extremity; and in women, from the gerater ſize of the pelvis, is longer and looſer, by which they are more ſubject to crural herniæ; but, by the ſize of the ſpermatic cord, men are more liable to the inguinal.

ration; bends the body obliquely when the ribs are fixed, and raiſes the pelvis obliquely.

Obliquus externus abdominis, Albinus.
Obliquus deſcendens, Douglas.

2. OBLIQUUS ASCENDENS INTERNUS,

Ariſes from the ſpine of the ilium, the whole length between the poſterior and ſuperior anterior ſpinous proceſs; from the os ſacrum and the three undermoſt lumbar vertebræ, by a tendon common to it and to the ſerratus poſticus inferior muſcle; from Poupart's ligament, at the middle of which it ſends off the beginning of the cremaſter muſcle; and the ſpermatic cord in the male, or round ligament of the womb, paſſes under its thin edge, except a few detached fibres.

Inſerted into the cartilago enſiformis, into the cartilages of the ſeventh and thoſe of all the falſe ribs; but, at the upper part, it is extremely thin, reſembling a cellular membrane, and only becomes fleſhy at the cartilage of the tenth rib. Here its tendon divides into two layers *; the anterior layer, with a great portion of the inferior part of the poſterior layer, joins the tendon of the external oblique, and runs over the rectus to be inſerted into the whole length of the linea alba. The poſterior layer joins the tendon of the tranſverſalis muſcle as low as half-way between the umbilicus and os pubis; but, below this place, only a few fibres of the poſterior layer are ſeen, and the reſt of it paſſes before the rectus muſcle, and is inſerted into the linea alba; ſo that the whole tendon of the external oblique muſcle, with the anterior layer of the internal oblique, paſſes before the rectus muſcle; and the whole poſterior layer of the internal oblique, together with the whole tendon of the tranſverſalis muſcle, excepting at the inferior part, paſs behind the rectus, and are inſerted into the linea alba. At its undermoſt part it is inſerted into the fore-part of the os pubis.

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* To obtain a proper view of the two layers of the tendon of the internal oblique muſcle, both the oblique muſcles ſhould be raiſed as far forwards as their joining near the linea ſemilunaris; then the tendon before the rectus muſt be cut parallel to the linea alba, and turned outwards as far as the outer edge of the rectus; by which the whole of the rectus is brought into view, and the tendons are preſerved: But Douglas directs to cut the poſterior layer of the internal oblique, where it joins with the tranſverſalis; by this method the rectus is laid bare, but the ſtructure of the tendinous ſheath, which incloſes it, is deſtroyed.

Uſe. To aſſiſt the former; but it bends the trunk in the reverſe direction.

Obliquus internus abdominis. Albinus and Winſlow.

Obliquus aſcendens, Douglas.

3. TRANSVERSALIS,

Ariſes tendinous, but ſoon becoming fleſhy from the inner or back part of the cartilages of the ſeven lower ribs, where ſome of its fibres are continued with thoſe of the diaphragm and the intercoſtal muſcles; by a broad thin tendon, connected to the tranſverſe proceſſes of the laſt vertebra of the back and the four ſuperior vertebræ of the loins; fleſhy, from the whole ſpine of the os ilium internally, and from the tendon of the external oblique muſcle, where it intermixes with ſome fibres of the internal oblique.

Inſerted into the cartilago enſiformis, and into the whole length of the linea alba, excepting its lowermoſt part.

Uſe. To ſupport and compreſs the abdominal bowels; and it is ſo particularly well adapted for the latter purpoſe, that it might be called the *proper conſtrictor* of the abdomen.

Tranſverſus abdominis, Albinus.

The long muſcle in the middle is named,

RECTUS ABDOMINIS,

Ariſes, by two heads, from the ligament of the cartilage which joins the two oſſa pubis to each other; runs upwards the whole length of, and parallel to, the linea alba, growing broader and thinner as it aſcends.

Inſerted into the cartilages of the three inferior true ribs, and often intermixes with ſome fibres of the pectoral muſcle.

It is generally divided by three tendinous interſections; the firſt is at the umbilicus, the ſecond where it runs over the cartilage of the ſeventh rib, the third in the middle between theſe; and there is commonly a half interſection below the umbilicus: Theſe ſeldom penetrate through the whole thickneſs of the muſcle; they adhere firmly to the anterior part of the ſheath, but very ſlightly to the poſterior layer.

Uſe. To compreſs the fore-part, but more particularly the lower part of the belly; to bend the trunk forwards, or to raiſe the pelvis. By its tendinous interſections, it is enabled to contract at any of the intermediate ſpaces; and, by its connection with the tendons of the other muſcles, it is prevented from changing place, and from riſing into a prominent form when in action.

The ſhort muſcle in the middle is named

PYRAMIDALIS,

Ariſes along with the rectus; and, running upwards within the ſame ſheath, is

Inſerted, by an acute terminination, near half-way between the os pubis and umbilicus, into the linea alba and inner edge of the rectus muſcle.

As it is frequently wanting in both ſides, without any inconveniency, its

Uſe ſeems to be, to aſſiſt the inferior part of the rectus.

CHAP.

CHAP. XVI.

MUSCLES *about the Male Organs of* GENERATION.

THE *teſticles* are ſaid to have a thin muſcle common to both, and have one proper to each.

The ſuppoſed common muſcle is called the

DARTOS.

This appears to be no more than a condenſation of the cellular membrane lining the ſcrotum; yet the ſkin here is capable of being corrugated and relaxed in a greater degree than in other places.

The muſcle proper to each teſticle is the

CREMASTER.

Ariſes from the internal oblique, where a few fibres of that muſcle intermix with the tranſverſalis, near the junction of the os ilium and pubis, over which part it paſſes, after having pierced the ring of the external oblique; and then it deſcends upon the ſpermatic cord.

Inſerted into the tunica vaginalis of the teſticle, upon which it ſpreads, and is inſenſibly loſt.

Uſe. To ſuſpend and draw up the teſticle, and to compreſs it in the act of coition.

The penis has three pair of muſcles,

1. ERECTOR PENIS.

Ariſes, tendinous and fleſhy, from the tuberoſity of the os iſchium, and runs upwards, embracing the whole crus of the penis.

Inſerted into the ſtrong tendinous membrane that covers the corpora cavernoſa penis, near as far up as the union of theſe bodies.

Uſe. To compreſs the crus penis, by which the blood is puſhed from it into the fore-part of the corpora cavernoſa; and the penis is by that means more completely diſtended. The erectores ſeem likewiſe to keep the penis in its proper direction.

Iſchio-cavernoſus, Winſlow.

2. ACCELERATOR URINÆ, SEU EJACULATOR SEMINIS,

Ariſes, fleſhy, from the ſphincter ani and membranous part of the urethra; and tendinous from the crus, near as far forwards as the beginning of the corpus cavernoſum penis; the inferior fibres run more tranſverſely, and the ſuperior deſcend in an oblique direction.

Inſerted into a line in the middle of the bulb, where it joins with its fellow, by which the bulb is completely incloſed.

Uſe. To drive the urine or ſemen forwards; and, by graſping the bulb of the urethra, to puſh the blood towards its corpus cavernoſum and the glans, by which they are diſtended.

Bulbo-cavernoſus, Winſlow.

3. TRANSVERSUS PERINEI,

Ariſes from the tough fatty membrane that covers the tuberoſity of the os iſchium; from thence it runs tranſverſely inwards, and is

Inſerted into the accelerator urinæ, and into that part of the ſphincter ani which covers the bulb.

Uſe. To dilate the bulb, and draw the perineum and verge of the anus a little outwards and backwards.

Tranſverſalis urethræ, Winſlow.
Tranſverſus perinei, Albinus.
Levator parvus, ſeu *externus*, Douglas.

There is often a fourth muſcle, named

TRANSVERSUS PERINEI ALTER,

Ariſes behind the former, runs more obliquely forwards, and is

Inſerted into that part of the accelerator urinæ which covers the anterior part of the bulb of the urethra.

Uſe. To aſſiſt the former.
Inferior proſtate, Winſlow.
Tranſverſus perinei alter, Albinus.

CHAP. XVII.

MUSCLES *of the* ANUS.

THE *anus* has a ſingle muſcle, and one pair.

The ſingle muſcle is

SPHINCTER ANI,

Ariſes from the ſkin and fat that ſurround the verge of the anus on both ſides, near as far out as the tuber of the os iſchium; the fibres are gradually collected into an oval form, and ſurround the extremity of the rectum.

Inſerted, before, by a narrow point, into the perineum, acceleratores urinæ, and tranſverſi perinei; behind, by an acute termination, into the extremity of the os coccygis.

Uſe. Shuts the paſſage through the anus into the rectum; pulls down the bulb of the urethra, by which it aſſiſts in ejecting the urine and ſemen.

Sphincter externus, Albinus and Douglas.

Sphincter cutaneus, Winſlow.

N. B. The ſphincter internus of Albinus and Douglas, is only that part of the circular fibres of the muſcular coat of the rectum, which ſurrounds its extremity.

LEVATOR ANI,

Ariſes from the os pubis within the pelvis, as far up as the upper edge of the foramen thyroideum, and joining of the os pubis with the os iſchium; from the thin tendinous membrane that covers the obturator internus and coccygeus muſcles; from the ſpinous proceſs of the os iſchium; and its fibres run down like rays from a circumference to a centre.

Inſerted into the ſphincter ani, acceleratores urinæ, and anterior part of the two laſt bones of the coccygis; ſurrounds the extremity of the rectum, neck of the bladder, proſtate gland, and part of the veſiculæ ſeminales; ſo that its fibres behind and below the os coccygis joining it with its fellow, they, together, very much reſemble the ſhape of a funnel.

Uſe. To draw the rectum upwards after the evacuation of the fæces, and to aſſiſt in ſhutting it; to ſuſtain the contents of the pelvis, and to help in ejecting the ſemen, urine, and contents of the rectum; and, perhaps, by preſſing upon the veins, to contribute greatly to the erection of the penis.

CHAP. XVIII.

MUSCLES *of the Female Organs of* GENERATION.

THE *clitoris* has one pair,

ERECTOR CLITORIDIS,

Ariſes from the crus of the os iſchium internally, and in its aſcent covers the crus of the clitoris as far up as the os pubis.

Inſerted into the upper part of the crus and body of the clitoris.

Uſe. Draws the clitoris downwards and backwards; and may ſerve to make the body of the clitoris more tenſe, by ſqueezing the blood into it from its crus.

Firſt muſcle of the clitoris, Douglas.

The vagina has one pair,

SPHINCTER VAGINÆ,

Ariſes from the ſphincter ani, and from the poſterior ſide of the vagina, near the perineum; from thence it runs up the ſide of the vagina, near its external orifice, oppoſite to the nymphæ, and covers the corpus cavernoſum vaginæ.

Inſerted into the crus and body, or union of the crura clitoridis.

Uſe. Contracts the mouth of the vagina, and compreſſes its corpus cavernoſum.

Conſtrictor cunni, Albinus.

Second muſcle of the clitoris, Douglas.

The perineum has one pair.

TRANSVERSUS PERINEI,

Ariſes, as in the male, from the fatty cellular membrane which covers the tuberoſity of the os iſchium.

Inſerted into the upper part of the ſphincter ani, and into a white hardiſh tough ſubſtance in the perineum, between the lower part of the pudendum and anus.

Uſe. To ſuſtain and keep the perineum in its proper place.

The anus, as in the male, has a ſingle muſcle, and one pair.

SPHINCTER ANI,

Ariſes, as in the male, from the ſkin and fat ſurrounding the extremity of the rectum.

Inſerted, above, into the white tough ſubſtance of the perineum; and below, into the point of the os coccygis.

Uſe. To ſhut the paſſage into the rectum; and, by pulling down the perineum, to aſſiſt in contracting the mouth of the vagina.

LEVATOR ANI,

Ariſes, as in the male, within the pelvis, and deſcends along the inferior part of the vagina and rectum.

Inſerted into the perineum, ſphincter ani, extremity of the vagina, and rectum.

Uſe. To raiſe the extremity of the rectum upwards, to contract the inferior part of the rectum, and to aſſiſt in contracting and ſupporting the vagina; and, perhaps, by preſſing on the veins, to contribute to the diſtention of the cells of the clitoris and corpus cavernoſum of the vagina.

C H A P. XIX.

Muscles *ſituated within the* Pelvis.

Of theſe there are two pair.

1. OBTURATOR INTERNUS,

Ariſes from more than one half of the internal circumference of the foramen thyroideum, formed by the os pubis and iſchium: its inſide is covered by a portion of the levator ani; and appears to be divided into a number of faſciculi, which unite and form a roundiſh tendon, that paſſes out of the pelvis, between the poſterior ſacro-iſchiatic ligament and tuberoſity of the os iſchium: where it paſſes over the capſular ligament of the thigh-bone, it is incloſed, as in a ſheath, by the gemini muſcles.

Inſerted, by a round tendon, into the large pit at the root of the trochanter major.

Uſe. To roll the os femoris obliquely outwards.

Marſupialis, ſeu *Obturator internus*, Douglas.

N. B. The inſertion of this muſcle ſhould not be proſecuted, until the muſcles of the thigh, to which it belongs, are diſſected. *Vid.* Chap. xxix.

2. COCCYGEUS.

Ariſes, tendinous and fleſhy, from the ſpinous proceſs of the os iſchium, and covers the inſide of the poſterior ſacro-iſchiatic ligament; from this narrow beginning, it gradually increaſes, to form a thin fleſhy belly, interſperſed with tendinous fibres.

Inſerted into the extremity of the os ſacrum, and near the whole length of the os coccygis laterally.

Uſe. To ſupport and move the os coccygis forwards, and to tie it more firmly to the ſacrum.

CHAP. XX.

MUSCLES *ſituated within the Cavity of the* ABDOMEN.

THESE conſiſt of a ſingle muſcle, and four pair.

DIAPHRAGMA,

This broad thin muſcle, which makes a complete ſeptum between the thorax and abdomen, is concave below and convex above; the middle of it on each ſide reaching as high within the thorax of the ſkeleton as the fourth rib, and is commonly divided into two portions.

1. The Superior or Greater Muſcle of the DIAPHRAGM,

Ariſes, by diſtinct fleſhy fibres, from the cartilago enſiformis, from the cartilages of the ſeventh, and of all the inferior ribs on both ſides. The fibres from the cartilago enſiformis, and from the ſeventh and eighth ribs, run obliquely upwards and backwards; from the ninth and tenth, tranſverſely inwards and upwards; and from the eleventh and twelfth, obliquely upwards. From theſe different origins the fibres run, like radii from the circumference to the centre of a circle; and are

Inſerted into a cordiform tendon, of a conſiderable breadth, which is ſituated in the middle of the diaphragm,

phragm; and in which, therefore, the fibres from oppoſite ſides are interlaced. Towards the right ſide the tendon is perforated, by a triangular hole, for the paſſage of the vena cava inferior; and to the upper convex part of it the pericardium and mediaſtinum are connected.

2. The Inferior, Leſſer Muſcle, or Appendix of the DIAPHRAGM,

Ariſes from the ſecond, third, and fourth lumbar vertebræ, by eight heads; of which two in the middle, commonly called its *crura*, are the longeſt, and begin tendinous. Between the crura, the aorta and thoracic duct paſs; and, on the outſide of theſe, the great ſympathetic nerves and branches of the vena azygos perforate the ſhorter heads. The muſcular fibres run obliquely upwards and forwards, and form in the middle two fleſhy columns, which decuſſate and leave an oval ſpace between them for the paſſage of the œſophagus and eighth pair of nerves.

Inſerted, by ſtrong fleſhy fibres, into the poſterior part of the middle tendon.

Uſe. The diaphragm is the principal agent in reſpiration, particularly in inſpiration: for when it is in action, the fibres, from their different attachments, endeavour to bring themſelves into a plane towards the middle tendon, by which the cavity of the thorax is enlarged, particularly at the ſides, where the lungs are chiefly ſituated; and as the lungs muſt always be contiguous to the inſide of the thorax and upper ſide of the diaphragm, the air ruſhes into them, in order to fill up the increaſed ſpace. This muſcle is aſſiſted by the two rows of intercoſtals, which elevate the ribs, and the cavity of the thorax is more enlarged. In time of violent exerciſe, or whatever cauſe drives the blood with unuſual celerity towards the lungs, the pectoral muſcles, the ſerrati antici majores, the ſerrati poſtici ſuperiores, and ſcaleni muſcles, are brought into action.

tion. And in laborious inſpiration, the muſcles which ariſe from the upper part of the thorax, when the parts into which they are inſerted are fixed, likewiſe aſſiſt. In expiration, the diaphragm is relaxed and puſhed up by the preſſure of the abdominal muſcles upon the viſcera of the abdomen; and at the ſame time that they preſs it upwards, they alſo, together with the ſterno-coſtales and ſerrati poſtici inferiores, pull down the ribs, and are aſſiſted in a powerful manner by the elaſticity of the cartilages that join the ribs to the ſternum; by which the cavity of the thorax is diminiſhed, and the air ſuddenly puſhed out of the lungs: and, in laborious expiration, the quadrati lumborum, ſacro-lumbales, and longiſſimi dorſi, concur in pulling down the ribs.

The four pair are,

1. QUADRATUS LUMBORUM.

Ariſes, pretty broad, tendinous and fleſhy, from the poſterior part of the ſpine of the os ilium.

Inſerted into the tranſverſe proceſſes of all the vertebræ of the loins, into the laſt rib near the ſpine, and by a ſmall tendon into the ſide of the laſt vertebra of the back.

Uſe. To move the loins to one ſide, pull down the laſt rib, and, when both act, to bend the loins forwards.

Quadratus, ſeu *Lumbaris externus*, Winſlow.

2. PSOAS PARVUS,

Ariſes, fleſhy, from the ſides of the two upper vertebræ of the loins, and ſends off a ſmall long tendon, which ends thin and flat, and is

Inſerted into the brim of the pelvis, at the junction of the os ilium and pubis.

Uſe. To aſſiſt the pſoas magnus in bending the loins forwards; and, in certain poſitions, to aſſiſt in raiſing the pelvis.

N. B. This muſcle is very often wanting.

3. PSOAS MAGNUS.

Ariſes, fleſhy, from the ſide of the body, and tranſverſe proceſs of the laſt vertebra of the back; and, in the ſame manner, from all thoſe of the loins, by as many diſtinct ſlips.

Inſerted, tendinous, into the trochanter minor of the os femoris; and fleſhy into that bone, a little below the ſame trochanter.

Uſe. To bend the thigh forwards; or, when the inferior extremity is fixed, to aſſiſt in bending the body.

Pſoas, ſeu *Lumbaris internus*, Winſlow.

4. ILIACUS INTERNUS.

Ariſes, fleſhy, from the tranſverſe proceſs of the laſt vertebra of the loins, from all the inner lip of the ſpine of the os ilium, from the edge of that bone between its anterior ſuperior ſpinous proceſs and the acetabulum, and from moſt of the hollow part of the ilium. It joins with the pſoas magnus, where it begins to become tendinous; and is

Inſerted along with it.

Uſe. To aſſiſt the pſoas in bending the thigh, and to bring it directly forwards.

N. B. The inſertion of the two laſt muſcles ſhould not be proſecuted till the muſcles of the thigh are diſſected.

CHAP.

CHAP. XXI.

MUSCLES *ſituated on the Anterior Part of the* THORAX.

THESE may be divided into two layers. The firſt layer conſiſts of one muſcle, named

PECTORALIS MAJOR,

Ariſes from the cartilaginous extremities of the fifth and ſixth ribs, where it always intermixes with the external oblique muſcle of the abdomen; from almoſt the whole length of the ſternum, and from near half of the anterior part of the clavicle: The fibres run towards the axilla in a folding manner.

Inſerted, by two broad tendons, which croſs each other at the upper and inner part of the os humeri, above the inſertion of the deltoid muſcle, and outer ſide of the groove for lodging the tendon of the long head of the biceps.

Uſe. To move the arm forwards, and obliquely upwards, towards the ſternum.

Pectoralis, Albinus.

The ſecond layer conſiſts of three muſcles;

1. SUBCLAVIUS,

Ariſes tendinous from the cartilage that joins the firſt rib to the ſternum.

Inſerted, after becoming fleſhy, into the inferior part of the clavicle, which it occupies from within an inch or ſo of the ſternum, as far outwards as to its connection, by ligament, with the coracoid proceſs of the ſcapula.

Uſe. To pull the clavicle downwards and forwards.

2. PECTORALIS MINOR,

Ariſes, tendinous and fleſhy, from the upper edge of the third, fourth, and fifth ribs, near where they join with their cartilages.

Inſerted, tendinous, into the coracoid proceſs of the ſcapula; but ſoon grows fleſhy and broad.

Uſe. To bring the ſcapula forwards and downwards, or to raiſe the ribs upwards.

Serratus anticus, Albinus.

Serratus minor anticus, Douglas.

3. SERRATUS MAGNUS,

Ariſes from the nine ſuperior ribs, by an equal number of fleſhy digitations, reſembling the teeth of a ſaw.

Inſerted, fleſhy, into the whole baſe of the ſcapula internally, between the inſertion of the rhomboid and the origin of the ſubſcapularis muſcles, being folded about the two angles of the ſcapula.

Uſe. To move the ſcapula forwards; and, when the ſcapula is forcibly raiſed, to draw upwards the ribs.

Serratus major anticus, Douglas.

CHAP. XXII.

MUSCLES *ſituated between the Ribs, and within the* THORAX.

BETWEEN the ribs, on each ſide, there are eleven double rows of muſcles, which are therefore named *intercoſtals.* Theſe decuſſate each other like the ſtrokes of the letter X.

1. IN-

1. INTERCOSTALES EXTERNI,

Ariſe from the inferior acute edge of each ſuperior rib, and run obliquely forwards, the whole length from the ſpine to near the joining of the ribs with their cartilages; from which, to the ſternum, there is only a thin membrane covering the internal intercoſtals.

Inſerted into the upper obtuſe edge of each inferior rib, as far back as the ſpine, into which the poſterior portion is fixed.

INTERCOSTALES INTERNI,

Ariſe in the ſame manner as the external: but they begin at the ſternum, and run obliquely backwards, as far as the angle of the rib; and from that to the ſpine they are wanting.

Inſerted in the ſame manner as the external.

Uſe. By means of theſe muſcles, the ribs are equally raiſed upwards during inſpiration. Their fibres being oblique, give them a greater power of bringing the ribs near each other, than could be performed by ſtraight ones. But, by the obliquity of the fibres, they are almoſt brought contiguous: and as the fixed points of the ribs are before and behind, if the external had been continued forwards to the ſternum, and the internal backwards to the ſpine, it would have hindered their motion, which is greateſt in the middle, though the obliquity of the ribs renders it leſs perceptible; and, inſtead of raiſing the fibres fixed to the ſternum and ſpine, would have depreſſed the ribs.

N. B. The portions of the external intercoſtals which ariſe from the tranſverſe proceſſes of the vertebræ, where the ribs are fixed to them, and other portions that paſs over one rib and terminate in the next below it, Albinus calls *Levatores coſtarum longiores et breviores.*

The portions of the internal that paſs over one rib, and are inſerted into the next below it, Douglas calls *Coſtarum depreſſores proprii Cowperii.*

Theſe portions of both rows aſſiſt in raiſing the ribs in the ſame manner as the reſt of the intercoſtals.

Supra coſtales, and *Infra coſtales*, Winſlow.

The muſcles within the thorax are one pair, viz.

TRIANGULARIS, or STERNO-COSTALIS,

Ariſes, fleſhy, and a little tendinous, from all the length of the cartilago enſiformis laterally, and from the edge of the lower half of the middle bone of the ſternum, from whence its fibres aſcend obliquely upwards and outwards.

Inſerted, generally by three triangular terminations, into the lower edge of the cartilages of the third, fourth, and fifth ribs, near where theſe join with the ribs.

Uſe. To depreſs theſe cartilages, and the extremities of the ribs; and conſequently to aſſiſt in contracting the cavity of the thorax.

This muſcle often varies; and is ſometimes inſerted into the cartilage of the ſecond rib, ſometimes into the cartilage of the ſixth rib.

CHAP. XXIII.

MUSCLES *ſituated on the Anterior Part of the* NECK *cloſe to the* VERTEBRÆ.

THESE conſiſt of one layer formed by four muſcles.

1. LONGUS COLLI,

Ariſes, tendinous and fleſhy, from the bodies of the three ſuperior vertebræ of the back laterally; and from the tranſverſe proceſs of the third, fourth, fifth, and ſixth vertebræ of the neck, near their roots.

Inſerted into the fore-part of the bodies of all the vertebræ of the neck, by as many ſmall tendons, which are covered with fleſh.

Uſe. To bend the neck gradually forwards, and to one ſide.

2. RECTUS CAPITIS INTERNUS MAJOR,

Ariſes, from the anterior points of the tranſverſe proceſſes of the third, fourth, fifth, and ſixth vertebræ of the neck, by four diſtinct beginnings.

Inſerted into the cuneiform proceſs of the os occipitis, a little before the condyloid proceſs.

Uſe. To bend the head forwards.

Rectus anterior longus, Winſlow.

3. RECTUS CAPITIS INTERNUS MINOR,

Ariſes, fleſhy, from the fore-part of the body of the firſt vertebra of the neck, oppoſite to the ſuperior oblique proceſs.

Inſerted near the root of the condyloid proceſs of the os occipitis, under, and a little farther outwards than, the former muſcle.

Uſe. To nod the head forwards.

Rectus anterior brevis, Winſlow.

4. RECTUS CAPITIS LATERALIS,

Ariſes, fleſhy, from the anterior part of the point of the tranſverſe proceſs of the firſt vertebra of the neck.

Inſerted into the os occipitis, oppoſite to the foramen ſtylo-maſtoideum of the temporal bone.

Uſe. To bend the head a little to one ſide.

Tranſverſalis anticus primus, Winſlow.

CHAP.

CHAP. XXIV.

MUSCLES *ſituated on the Poſterior Part of the* TRUNK.

THESE may be divided into four layers, and a ſingle pair.

The firſt layer conſiſts of two muſcles, which cover almoſt the whole poſterior part of the trunk.

1. TRAPEZIUS, SEU CUCULARIS,

Ariſes, By a ſtrong round tendon, from the lower part of the protuberance in the middle of the os occipitis behind; and, by a thin membranous tendon, which covers part of the ſplenius and complexus muſcles, from the rough curved line that extends from the protuberance towards the maſtoid proceſs of the temporal bone; runs down along the nape of the neck, where it ſeems to ariſe from its fellow, and covers the ſpinous proceſſes of the ſuperior vertebræ of the neck; but ariſes from the ſpinous proceſſes of the two inferior, and from the ſpinous proceſſes of all the vertebræ of the back; adhering, tendinous, to its fellow, the whole length of its origin.

Inſerted, fleſhy, into the poſterior half of the clavicle; tendinous and fleſhy, into the acromion, and into almoſt all the ſpine of the ſcapula.

Uſe. Moves the ſcapula according to the three different directions of its fibres; for the upper deſcending fibres draw it obliquely upwards, the middle tranſverſe ſtraight fibres draw it directly backwards, and the inferior aſcending fibres draw it obliquely downwards and backwards.

N. B. Where it is inſeparably united to its fellow in the nape of the neck, it is named *Ligamentum Nuchæ* or *Colli*.

2. LATISSIMUS DORSI.

Ariſes, by a broad thin tendon, from the poſterior part of the ſpine of the os ilium, from all the ſpinous proceſſes of the os ſacrum and vertebræ of the loins, and from the ſeven inferior ones of the vertebræ of the back; alſo, tendinous and fleſhy, from the extremities of the three or four inferior ribs, a little beyond their cartilages, by as many diſtinct ſlips. The inferior fibres aſcend obliquely, and the ſuperior run tranſverſely, over the inferior angle of the ſcapula, towards the axilla, where they are all collected, twiſted, and folded.

Inſerted, by a ſtrong thin tendon, into the inner edge of the groove for lodging the tendon of the long head of the biceps.

Uſe. To pull the arm backwards and downwards, and to roll the os humeri.

N. B. The inſertion of this muſcle ſhould not be proſecuted till the muſcles of the os humeri, to which it belongs, are diſſected.

The ſecond layer conſiſts of three pair, two on the back, and one on the neck:

On the back,

1. SERRATUS POSTICUS INFERIOR,

Ariſes, by a broad thin tendon, in common with that of the latiſſimus dorſi, from the ſpinal proceſſes of the two inferior vertebræ of the back, and from the three ſuperior of the loins.

Inſerted into the lower edges of the four inferior ribs, at a little diſtance from their cartilages, by as many diſtinct fleſhy ſlips.

Uſe. To depreſs the ribs into which it is inſerted.

2. RHOMBOIDEUS,

This muſcle is divided into two portions.

1. *Rhomboideus major, ariſes*, tendinous, from the ſpinous proceſſes of the five ſuperior vertebræ of the back.

Inſerted into all the baſis of the ſcapula below its ſpine.

Uſe. To draw the ſcapula obliquely upwards, and directly inwards.

2. *Rhomboideus minor, ariſes*, tendinous, from the ſpinous proceſſes of the three inferior vertebræ of the neck, and from the ligamentum nuchæ.

Inſerted into the baſe of the ſcapula, oppoſite to its ſpine.

Uſe. To aſſiſt the former.

On the neck,

3. SPLENIUS.

Ariſes, tendinous, from the four ſuperior ſpinous proceſſes of the vertebræ of the back; tendinous and fleſhy, from the five inferior of the neck, and adheres firmly to the ligamentum nuchæ. At the third vertebra of the neck, the ſplenii recede from each other, ſo that part of the complexus muſcle is ſeen.

Inſerted, by as many tendons, into the five ſuperior tranſverſe proceſſes of the vertebræ of the neck; and tendinous and fleſhy, into the poſterior part of the maſtoid proceſs, and into the os occipitis, where it joins with the root of that proceſs.

Uſe. To bring the head and upper vertebræ of the neck backwards laterally; and, when both act, to pull the head directly backwards.

N. B. Albinus divides this muſcle into two; viz. That portion which ariſes from the five inferior ſpinous proceſſes of the neck, and is inſerted into the maſtoid proceſs and os occipitis, he calls *Splenius Capitis;* and that portion which ariſes from the third and fourth of the back, and is inſerted into the five ſuperior tranſverſe proceſſes of the neck, is called by him *Splenius Colli*.

The ſingle pair,

SERRATUS SUPERIOR POSTICUS,

Ariſes, by a broad thin tendon, from the ſpinous proceſſes of the three laſt vertebræ of the neck, and the two uppermoſt of the back.

Inſerted into the ſecond, third, fourth, and fifth ribs, by as many fleſhy ſlips.

Uſe. To elevate the ribs, and dilate the thorax.

The third layer conſiſts of three pair on the back, and three on the neck.

On the back,

1. SPINALIS DORSI,

Ariſes from the ſpinous proceſſes of the two uppermoſt vertebræ of the loins, and the three inferior of the back, by as many tendons.

Inſerted into the ſpinous proceſſes of the nine uppermoſt vertebræ of the back, except the firſt, by as many tendons.

Uſe. To erect and fix the vertebræ, and to aſſiſt in raiſing the ſpine.

2. LONGISSIMUS DORSI,

Ariſes, tendinous without, and fleſhy within, from the ſide, and all the ſpinous proceſſes of the os ſacrum; from the poſterior ſpine of the os ilium; from all the ſpinous proceſſes; and from the roots of the tranſverſe proceſſes of the vertebræ of the loins.

Inſerted into all the tranſverſe proceſſes of the vertebræ of the back, chiefly by ſmall double tendons; alſo, by a tendinous and fleſhy ſlip, into the lower edge of

all

all the ribs, except the two inferior, at a little diſtance from their tubercles.

Uſe. To extend the vertebræ, and to raiſe and keep the trunk of the body erect.

N. B. From the upper part of this muſcle there runs up a round fleſhy portion which joins with the cervicalis deſcendens.

3. SACRO-LUMBALIS,

Ariſes, in common with the longiſſimus dorſi.

Inſerted into all the ribs, where they begin to be curved forwards, by as many long and thin tendons; and,

From the upper part of the ſix or eight lower ribs, ariſe as many bundles of thin fleſhy fibres, which ſoon terminate in the inner-ſide of this muſcle, and are named *Muſculi ad Sacro lumbalem Acceſſorii.*

Uſe. To pull the ribs down, and aſſiſt to erect the trunk of the body.

N. B. There is a fleſhy ſlip which runs from the upper part of this muſcle into the fourth, fifth, and ſixth tranſverſe proceſſes of the vertebræ of the neck, by three diſtinct tendons: it is named *Cervicalis Deſcendens;* and *its* uſe is to turn the neck obliquely backwards, and to one ſide.

On the neck,

1. COMPLEXUS.

Ariſes from the tranſverſe proceſſes of the ſeven ſuperior vertebræ of the back, and four inferior of the neck, by as many diſtinct tendinous origins; in its aſcent it receives a fleſhy ſlip from the ſpinous proceſs of the firſt vertebra of the back: from theſe different origins it runs upwards, and is every where intermixed with tendinous fibres.

Inſerted, tendinous and fleſhy, into the inferior edge of the protuberance in the middle of the os occipitis;

and into a part of the curved line that runs forwards from that protuberance.

Uſe. To draw the head backwards, and to one ſide; and, when both act, to draw the head directly backwards.

N. B. The long portion of this muſcle that is ſituated next the ſpinous proceſſes, lies more looſe, and has a roundiſh tendon in the middle of it; for which reaſon. Albinus calls it *Biventer cervicis.*

2. TRACHELO-MASTOIDEUS,

Ariſes from the tranſverſe proceſſes of the three uppermoſt vertebræ of the back, and from the five lowermoſt of the neck, where it is connected to the tranſverſalis cervicis, by as many thin tendons, which unite into a belly, and run up under the ſplenius.

Inſerted into the middle of the poſterior ſide of the maſtoid proceſs, by a thin tendon.

Uſe. To aſſiſt the complexus; but it pulls the head more to a ſide.

Complexus minor, ſeu *Maſtoideus lateralis*, Winſlow.
Trachelo-maſtoideus, ſeu *Capitis par tertium Fallopii*, Douglas.

3. LEVATOR SCAPULÆ,

Ariſes, tendinous and fleſhy, from the tranſverſe proceſſes of the five ſuperior vertebræ of the neck, by as many diſtinct ſlips, which ſoon unite to form a muſcle that runs downwards and outwards.

Inſerted, fleſhy, into the ſuperior angle of the ſcapula.

Uſe. To pull the ſcapula upwards, and a little forwards.

Angularis, *vulgo Levator proprius*, Winſlow.
Elevator, ſeu *Muſculus patientiæ*, Douglas.

The fourth layer conſiſts of two pair on the back, two on the poſterior part of the neck, four ſmall pair ſituated immediately below the poſterior par of the occiput, and three on the ſide of the neck.

On the back,

1. SEMI-SPINALIS DORSI,

Ariſes, from the tranſverſe proceſſes of the ſeventh, eighth, ninth, and tenth vertebræ of the back, by as many diſtinct tendons, which ſoon grow fleſhy, and then become tendinous again; and are

Inſerted into the ſpinous proceſſes of all the vertebræ of the back above the eighth, and into the two lowermoſt of the neck, by as many tendons.

Uſe. To extend the ſpine obliquely backwards.

Semiſpinalis externus, ſeu *Tranſverſo ſpinalis dorſi*, Winſlow.

1. MULTIFIDUS SPINÆ,

Ariſes from the ſide and ſpinous proceſſes of the os ſacrum, and from the poſterior part of the os ilium, where it joins with the ſacrum; from all the oblique and tranſverſe proceſſes of the vertebræ of the loins; from all the tranſverſe proceſſes of the vertebræ of the back, and from thoſe of the neck, except the three firſt, by as many diſtinct tendons, which ſoon grow fleſhy, run in an oblique direction, and are

Inſerted, by diſtinct tendons, into all the ſpinous proceſſes of the vertebræ of the loins, of the back, and of the neck, except the firſt.

Uſe. When the different portions of this muſcle act on one ſide, they extend the back obliquely, or move it laterally; but, if they act together on both ſides, they extend the vertebræ backwards.

Tranſverſo-ſpinalis lumborum, *veterib. Sacer.*

Semi-ſpinalis internus, ſive *Tranſverſo-ſpinalis dorſi.*

Semi-ſpinalis, ſive *Tranſverſo-ſpinalis colli*, *Pars interna*, Winſlow.

Tranſverſalis lumborum, vulgo Sacer.
Tranſverſalis dorſi.
Tranſverſalis colli, Douglas.

On the poſterior part of the neck,

1. SEMI-SPINALIS COLLI,

Ariſes, from the tranſverſe proceſſes of the uppermoſt ſix vertebræ of the back, by as many diſtinct tendons, aſcending obliquely under the complexus.

Inſerted into the ſpinous proceſſes of all the vertebræ of the neck, except the firſt and the laſt.

Uſe. To extend the neck obliquely backwards.

Semi-ſpinalis, ſive *Tranſverſo-ſpinalis colli*, Winſlow.
Spinalis cervicis, Albinus.
Spinalis, Douglas.

2. TRANSVERSALIS COLLI,

Ariſes from the tranſverſe proceſſes of the five uppermoſt vertebræ of the back, by as many tendinous and fleſhy origins; runs between the trachelo-maſtoideus, and ſplenius colli and cervicalis deſcendens.

Inſerted into the tranſverſe proceſſes of all the cervical vertebræ, except the firſt and the laſt.

Uſe. To turn the neck obliquely backward, and a little to one ſide.

Below the poſterior part of the occiput,

1. RECTUS CAPITIS POSTICUS MAJOR,

Ariſes,, fleſhy, from the external part of the ſpinous proceſs of the ſecond vertebra of the neck; and grows broader in its aſcent, which is not ſtraight, but obliquely outwards.

Inſerted, tendinous and fleſhy, into the os occipitis, near the rectus capitis lateralis, and the inſertion of the obliquus capitis ſuperior.

Uſe. To pull the head backwards, and to aſſiſt a little in its rotation.

Rectus major, Winſlow and Douglas.

2. RECTUS CAPITIS POSTICUS MINOR,

Ariſes, by a narrow beginning, cloſe by its fellow, from a little protuberance in the middle of the back-part of the firſt vertebra of the neck, its outer edge being covered by the rectus major.

Inſerted, pretty broad, into the ſides of a dimple in the os occipitis, near its foramen magnum.

Uſe. To aſſiſt the rectus major in moving the head backwards.

Obliquus minor, Winſlow and Douglas.

3. OBLIQUUS CAPITIS SUPERIOR,

Ariſes from the tranſverſe proceſs of the firſt vertebra of the neck.

Inſerted, tendinous and fleſhy, into the os occipitis behind the back-part of the maſtoid proceſs of the temporal bone, and under the inſertion of the complexus muſcle.

Uſe. To draw the head backwards.

Obliquus major, Winſlow.

Obliquus ſuperior, Douglas.

4. OBLIQUUS CAPITIS INFERIOR,

Ariſes, fleſhy, from the ſpinous proceſs of the ſecond vertebra of the neck, its whole length; and, forming a thick fleſhy belly, is

Inſerted into the tranſverſe proceſs of the firſt vertebra of the neck.

Uſe. To give a rotatory motion to the head.

On the ſide of the neck,

1. SCALENUS ANTICUS,

Ariſes from the fourth, fifth, and ſixth tranſverſe proceſſes of the firſt vertebra of the neck, by as many tendons.

Inſerted, tendinous and fleſhy, into the upper ſide of the firſt rib, near its cartilage.

Scalenus prior, Albinus.

Anterior portion of the firſt ſcalenus, Winſlow.

Firſt ſcalenus, Douglas.

2. SCALENUS MEDIUS.

Ariſes, from all the tranſverſe proceſſes of the vertebræ of the neck, by as many ſtrong tendons; the nerves to the ſuperior extremity paſs between it and the former.

Inſerted into the upper and outer part of the firſt rib, from its root, to within the diſtance of an inch from its cartilage.

Poſterior portion of the firſt ſcalenus, Winſlow.

Second ſcalenus, Douglas.

2. SCALENUS POSTICUS.

Ariſes from the fifth and ſixth tranſverſe proceſſes of the vertebræ of the neck.

Inſerted into the upper edge of the ſecond rib, not far from the ſpine.

Poſterior portion of the ſecond ſcalenus, Winſlow.

Third ſcalenus, Douglas.

Uſe of the three ſcaleni: To bend the neck to one ſide; or, when the neck is fixed, to elevate the ribs, and to dilate the thorax.

There are a number of ſmall muſcles ſituated between the ſpinous and tranſverſe proceſſes of contiguous vertebræ, which are accordingly named,

1. INTERSPINALES COLLI,

The ſpace between the ſpinous proceſſes of the vertebræ of the neck, moſt of which are bifurcated, is filled up with fleſhy portions; which

Ariſe, double, from the ſpinous proceſs of the inferior vertebræ of the neck; and aſcend to be

Inſerted, in the ſame manner, into the ſpinous proceſs of the ſuperior vertebra. They are five in number.

Uſe. To draw theſe proceſſes nearer to each other.

2. INTERTRANSVERSALES COLLI.

They begin from the tranſverſe proceſs of the firſt vertebra of the back, and fill up the ſpaces between the tranſverſe proceſſes of the vertebræ of the neck, which are likewiſe bifurcated; and, conſequently, there are ſix diſtinct double muſcles, which

Ariſe from the inferior tranſverſe proceſs of each vertebra of the neck, and firſt of the back, and are

Inſerted into the ſuperior tranſverſe proceſſes.

Uſe. To draw theſe proceſſes towards each other, and turn the neck a little to one ſide.

3. 4, 5. INTERSPINALES DORSI et LUMBORUM, and the INTERTRANSVERSALES DORSI,

Are rather ſmall tendons than muſcles, ſerving to connect the ſpinal and tranſverſe proceſſes.

6. INTERTRANSVERSALES LUMBORUM,

Are four diſtinct ſmall bundles of fleſh, which fill up the ſpaces between the tranſverſe proceſſes of the vertebræ of the loins, and ſerve to draw them towards each other.

CHAP.

CHAP. XXV.

MUSCLES *of the* SUPERIOR EXTREMITIES.

THESE may be divided into the muſcles that are ſituated on the ſcapula, on the os humeri, on the cubit or fore-arm, and on the hand.

Muſcles ſituated on the ſcapula.

Theſe are called *muſcles* of the *os humeri;* and are three behind, one along its inferior coſta, two before, and one beneath it.

Behind,

1. SUPRASPINATUS,

Ariſes, fleſhy, from all that part of the baſe of the ſcapula that is above its ſpine; alſo from the ſpine and ſuperior coſta; paſſes under the acromion, and adheres to the capſular ligament of the os humeri.

Inſerted, tendinous, into that part of the large protuberance on the head of the os humeri that is next the groove for lodging the tendon of the long head of the biceps.

Uſe. To raiſe the arm upwards; and, at the ſame time, to pull the capſular ligament from between the bones, that it may not be pinched.

2. INFRASPINATUS,

Ariſes, fleſhy, from all that part of the baſe of the ſcapula that is between its ſpine and inferior angle;

from the ſpine, as far as the cervix of the ſcapula. The fibres aſcend and deſcend obliquely towards a tendon in the middle of the muſcle, which runs forwards, and adheres to the capſular ligament.

Inſerted, by a thick and ſhort tendon, into the upper and middle part of the large protuberance on the head of the os humeri.

Uſe. To roll the humerus outwards; to aſſiſt in raiſing, and in ſupporting it when raiſed; and to pull the ligament from between the bones.

N. B. Theſe two muſcles are covered with a tendinous membrane, from which a number of their fleſhy fibres ariſe. It ſerves beſides to ſtrengthen their actions, and keeps them from ſwelling too much outwardly when in action.

3. TERES MINOR,

Ariſes, fleſhy, from all the round edge of the inferior coſta of the ſcapula, and runs forwards along the inferior edge of the infraſpinatus muſcle, and adheres to the ligament.

Inſerted, tendinous, into the back part of the large protuberance on the head of the os humeri, a little behind and below the termination of the laſt-named muſcle.

Uſe. To roll the humerus outwards; to draw the humerus backwards; and to prevent the ligament from being pinched between the bones.

Along the inferior coſta of the ſcapula,

TERES MAJOR,

Ariſes, fleſhy, from the inferior angle of the ſcapula, and from all that portion of its inferior coſta that is rough and thicker than the reſt; its fleſhy fibres are continued over part of the infraſpinatus muſcle, to which they firmly adhere.

Inſerted, by a broad, ſhort, and thin tendon, into the ridge at the inner ſide of the groove for lodging the tendon of the long head of the biceps, along with the latiſſimus dorſi.

Uſe. To roll the humerus inwards, and to draw it backwards and downwards.

The two before the ſcapula.

1. DELTOIDES,

Ariſes, fleſhy, from all the poſterior part of the clavicle that the pectoralis major does not poſſeſs; tendinous and fleſhy, from the acromion, and lower margin of almoſt the whole ſpine of the ſcapula oppoſite to the inſertion of the cucullaris muſcle: from theſe origins it runs in three different directions, i. e. from the clavicle outwards and downwards; from the ſpine of the ſcapula outwards, forwards, and downwards; and from the acromion ſtraight downwards; and is compoſed of a number of faſciculi, which form a ſtrong fleſhy muſcle that covers the anterior part of the joint of the os humeri.

Inſerted, tendinous, into a rough protuberance in the outer ſide of the os humeri, near its middle, where the fibres of this muſcle intermix with ſome part of the brachialis externus.

Uſe. To pull the arm directly outwards and upwards, and a little forwards or backwards, according to the different directions of its fibres.

2. CORACO-BRACHIALIS,

Ariſes, tendinous and fleſhy, from the fore-part of the coracoid proceſs of the ſcapula; adhering, in its deſcent, to the ſhort head of the biceps.

Inſerted, tendinous and fleſhy, about the middle of the internal part of the os humeri, near the origin of the third head of the triceps, called *brachialis externus*, where it ſends down a thin tendinous expanſion to the internal condyle of the os humeri.

Uſe. To raiſe the arm upwards and forwards.

N. B. There paſſes a nerve through this muſcle, called *Muſculo-cutaneus.*

The one beneath the ſcapula,

SUPSCAPULARIS,

Ariſes, fleſhy, from all the baſe of the ſcapula internally, and from its ſuperior and inferior coſtæ, being compoſed of a number of tendinous and fleſhy faſciculi, which make prints on the bone; they all join together, fill up the hollow of the ſcapula, and paſs over the joint, adhering to the capſular ligament.

Inſerted, tendinous, into the upper part of the internal protuberance at the head of the os humeri.

Uſe. To roll the humerus inwards, and to draw it to the ſide of the body; and to prevent the capſular ligament from being pinched.

C H A P. XXVI.

MUSCLES *ſituated on the* OS HUMERI.

THESE are called

Muſcles of the *Cubit* or *Fore-arm.*

They conſiſt of two before, and two behind.

Before,

1. BICEPS FLEXOR CUBITI,

Ariſes, by two heads. The firſt and outermoſt, called ed *longus*, begins tendinous from the upper edge of the glenoid cavity of the ſcapula; paſſes over the head of the os humeri within the joint; and, in its deſcent without the joint, is incloſed in a groove near the head of the os humeri, by a membranous ligament that proceeds from the capſular ligament and adjacent tendons. The ſecond, or innermoſt head, called *brevis*, ariſes, tendinous and fleſhy, from the coracoid proceſs of the ſcapula, in common with the coraco-brachialis muſcle. A little below the middle of the fore-part of the os humeri, theſe heads unite.

Inſerted, by a ſtrong roundiſh tendon, into the tubercle on the upper end of the radius internally.

Uſe. To turn the hand ſupine, and to bend the fore-arm.

N. B. At the bending of the elbow, where it begins to grow tendinous, it ſends off an aponeuroſis, which covers all the muſcles on the inſide of the fore-arm, and joins with another tendinous membrane, which is ſent off from the triceps extenſor cubiti, and covers all the muſcles on the outſide of the fore-arm, and a number of the fibres, from oppoſite fibres, decuſſate each other. It ſerves to ſtrengthen the muſcles, by keeping them from ſwelling too much outwardly, when in action; and a number of their fleſhy fibres take their origin from it.

Biceps brachii, Albinus.
Coraco-radialis, ſeu *biceps*, Winſlow.
Biceps internus, Douglas.

2. BRACHIALIS INTERNUS,

Ariſes, fleſhy, from the middle of the os humeri, at each ſide of the inſertion of the deltoid muſcle, covering all the inferior and fore part of this bone, runs over the joint, and adheres firmly to the ligament.

Inſerted, by a ſtrong ſhort tendon, into the coronoid proceſs of the ulna.

Uſe. To bend the fore-arm, and to prevent the capſular ligament of the joint from being pinched.

Brachialis, Winſlow.

Behind,

1. TRICEPS EXTENSOR CUBITI,

Ariſes, by three heads; the firſt called *longus*, pretty broad and tendinous, from the inferior coſta of the ſcapula, near its cervix. The ſecond head, called *brevis*, ariſes by an acute, tendinous, and fleſhy beginning, from the back part of the os humeri, a little below its head, outwardly. The third, called *brachialis externus*, ariſes by an acute beginning, from the back part of the os humeri. Theſe three heads unite lower than the inſertion of the teres major, and cover the whole poſterior part of the humerus, from which they receive addition in their deſcent.

Inſerted into the upper and external part of the proceſs of the ulna, called *olecranon*, and partly into the condyles of the os humeri, adhering firmly to the ligament.

Uſe. To extend the fore-arm.

Anconeus major, *Anconeus externus*, and *Anconeus internus*, Winſlow.

Biceps externus, and *Brachialis externus*, Douglas.

3. ANCONEUS,

Ariſes, tendinous, from the poſterior part of the external condyle of the os humeri; it ſoon grows fleſhy, and is continued from the third head of the triceps.

Inſerted, fleſhy, and thin, into a ridge on the outer and poſterior edge of the ulna, being continued ſome way below the olecranon, and covered with a tendinous membrane.

Uſe. To aſſiſt in extending the fore-arm.

Anconeus minor, Winſlow.

Anconeus, vel *Cubitalis Riolani.* Douglas.

CHAP.

C H A P. XXVII.

MUSCLES *ſituated on the* CUBIT *or* FORE-ARM *.

THESE may be divided into three claſſes: *firſt*, flexors and extenſors of the whole *hand; ſecond*, flexors and extenſors of the *fingers;* and, *third*, ſupinators and pronators, or thoſe that roll the *radius on the ulna*.

Firſt claſs conſiſts of three flexors, and three extenſors.

Flexors:

1. PALMARIS LONGUS,

Ariſes, tendinous from the internal condyle of the os humeri, ſoon grows fleſhy, and, after a ſhort progreſs, ſends off a long ſlender tendon.

Inſerted into the ligamentum carpi annulare, and into a tendinous membrane that is expanded on the palm of the hand, named *aponeuroſis palmaris;* which, above, begins at the tranſverſe or annular ligament of the wriſt, and, below, is fixed to the roots of the fingers.

Uſe. To bend the hand, and to ſtretch the membrane that is expanded on the palm.

Ulnaris gracilis, Winſlow.

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* In the following deſcription, the arm is ſuppoſed to hang by the ſide with the palm turned forwards; ſo that the radius and thumb are upon its outer ſide, and the ulna and little finger upon its inner ſide; whereas, when the muſcles are deſcribed in the leſs ſtraining poſture of pronation, as has been generally done by authors, the utmoſt confuſion is neceſſarily introduced in the application of the terms *outer* and *inner*, from the decuſſation of the radius and ulna.

N. B. This muſcle is ſometimes wanting; but the aponeuroſis palmaris is always to be found, and a ſmall muſcle named

PALMARIS BREVIS,

Ariſes from the ligamentum carpi annulare, and tendinous membrane that is expanded on the palm of the hand.

Inſerted, by ſmall bundles of fleſhy fibres, into the ſkin and fat that covers the abductor minimi digiti, and into the os piſiforme.

Uſe. To aſſiſt in contracting the palm of the hand.

Palmaris cutaneus, Winſlow.

2. FLEXOR CARPI RADIALIS,

Ariſes, tendinous and fleſhy, from the internal condyle of the os humeri, and from the anterior part of the upper end of the ulna, where it firmly adheres to the pronator radii teres.

Inſerted, by a flat tendon, into the fore and upper part of the metacarpal bone that ſuſtains the fore-finger, after running through a foſſa in the os trapezium.

Uſe. To bend the hand, and to aſſiſt in its pronation.

Radialis internus, Albinus and Winſlow.

3. FLEXOR CARPI ULNARIS,

Ariſes, tendinous, from the internal condyle of the os humeri. It has likewiſe a ſmall fleſhy beginning from the outer ſide of the olecranon; between which and the condyle the ulnar nerve paſſes to the fore-arm; and a number of its fleſhy fibres ariſe from the tendinous membrane which covers the fore-arm.

Inſerted, by a ſhort ſtrong tendon, into the os piſiforme; at a little diſtance from its inſertion, a ſmall ligament is ſent off to the metacarpal bone that ſuſtains the little finger.

Uſe. To aſſiſt the former in bending the hand.
Ulnaris internus, Albinus and Winſlow.

Extenſors:

1. EXTENSOR CARPI RADIALIS LONGIOR,

Ariſes, broad, thin, and fleſhy, immediately below the ſupinator radii longus, from the lower part of the external ridge of the os humeri, above its external condyle.

Inſerted, by a round tendon, into the poſterior and upper part of the metacarpal bone that ſuſtains the fore-finger.

Uſe. To extend and bring the hand backwards.
Radialis externus longior, Albinus.
Radialis externus primus, Winſlow.

2. EXTENSOR CARPI RADIALIS BREVIOR,

Ariſes, tendinous, from the external condyle of the os humeri, and from the ligament that connects the radius to it, and runs along the outſide of the radius.

Inſerted, by a round tendon, into the upper and back part of the metacarpal bone that ſuſtains the middle-finger.

Uſe. To aſſiſt the laſt mentioned muſcle.
Radialis externus brevior, Albinus.
Radialis ſecundus, Winſlow.

EXTENSOR CARPI ULNARIS,

Ariſes, tendinous, from the external condyle of the os humeri; and, in its progreſs, fleſhy from the middle of the ulna, where it paſſes over it. Its round tendon is incloſed by a membranous ſheath, in a groove which is ſituated at the extremity of the ulna.

Inſerted, by its round tendon, into the poſterior and upper part of the metacarpal bone that ſuſtains the little-finger.

Uſe. To aſſiſt the former in extending the hand.
Ulnàris externus, Albinus and Winſlow.

Second Claſs.

The flexors and extenſors of the four fingers are, two long, and one ſmall flexor to each finger, and one extenſor.

1. FLEXOR SUBLIMIS PERFORATUS,

Ariſes, tendinous and fleſhy, from the internal condyle of the os humeri; tendinous from the coronoid proceſs of the ulna, near the edge of the cavity that receives the head of the radius; fleſhy from the tubercle of the radius; and membranous and fleſhy from the middle of the fore-part of the radius, where the flexor pollicis longus ariſes. Its fleſhy belly ſends off four round tendons before it paſſes under the ligament of the wriſt.

Inſerted into the anterior and upper part of the ſecond bone of each finger, being, near the extremity of the firſt bone, divided for the paſſage of the perforans.

Uſe. To bend the ſecond joint or phalanx of the fingers.

Sublimis, Albinus.
Perforatus, Douglas.

2. FLEXOR PROFUNDUS PERFORANS,

Ariſes, fleſhy, from the external ſide, and upper part of the ulna, for ſome way downwards, and from a large ſhare of the interoſſeous ligament. It ſplits into four tendons, a little before it paſſes under the ligamentum carpi annulare; and theſe paſs through the ſlits in the tendons of the flexor ſublimis.

Inſerted into the fore and upper part of the third or laſt bone of all the four fingers.

Uſe. To bend the laſt joint of the fingers.

Profundus, Albinus.
Perforans, Douglas.

The four ſmall flexors are named

LUMBRICALES,

Ariſe, thin and fleſhy, from the outſide of the tendons of the flexor profundus, a little above the lower edge of the ligamentum carpi annulare.

Inſerted, by long ſlender tendons, into the outer ſides of the broad tendons of the interoſſei muſcles, about the middle of the firſt joint.

Uſe. To increaſe the flexion of the fingers while the long flexors are in full action.

Extenſors:

EXTENSOR DIGITORUM COMMUNIS,

Ariſes, by an acute, tendinous, and fleſhy beginning, from the external condyle of the os humeri, where it adheres to the ſupinator radii brevis. Before it paſſes under the ligamentum carpi annulare externum, it ſplits into four tendons; ſome of which may be divided into ſeveral ſmaller; and about the fore-part of the metacarpal bones they remit tendinous filaments to each other.

Inſerted into the poſterior part of all the bones of the four fingers, by a tendinous expanſion.

Uſe. To extend all the joints of the fingers.

Third Claſs,

Conſiſts of four muſcles, viz. two *ſupinators*, and two *pronators*.

Supinators:

1. SUPINATOR RADII LONGUS,

Ariſes, by an acute and fleſhy origin, from the external ridge of the os humeri, above the external condyle, near as far up as the middle of that bone.

Inſerted into the outer-ſide of the inferior extremity of the radius.

Uſe. To roll the radius outwards, and conſequently the palm of the hand upwards.

Supinator longus, Albinus, Winflow, and Douglas.

2. SUPINATOR RADII BREVIS,

Ariſes, tendinous, from the external condyle of the os humeri; tendinous and fleſhy, from the external and upper part of the ulna, and adheres firmly to the ligament that joins theſe two bones.

Inſerted into the head, neck, and tubercle of the radius, near the inſertion of the biceps, and ridge running from that downwards and outwards.

Uſe. To roll the radius outwards, and ſo bring the hand ſupine.

Pronators:

1. PRONATOR RADII TERES,

Ariſes, fleſhy, from the internal condyle of the os humeri, and tendinous from the coronoid proceſs of the ulna.

Inſerted, thin, tendinous, and fleſhy, into the middle of the poſterior part of the radius.

Uſe. To roll the radius, together with the hand, inwards.

2. PRONATOR RADII QUADRATUS,

Ariſes, broad, tendinous, and fleſhy, from the lower and inner part of the ulna; the fibres run tranſverſely, to be

Inſerted into the lower and anterior part of the radius, oppoſite to its origin.

Uſe. To turn the radius, together with the hand, inwards.

CHAP.

CHAP. XXVIII.

MUSCLES *ſituated on the* HAND *chiefly*.

THESE may be divided into four claſſes, viz. muſcles of the *thumb*, *fore-finger*, *little-finger*, and *metacarpal bones*.

Muſcles of the Thumb.

Theſe conſiſt of *three flexors*, *three extenſors*, *one abductor*, and *one adductor*.

Flexors:

1. FLEXOR LONGUS POLLICIS MANUS,

Ariſes, by an acute fleſhy beginning, from the upper part of the radius, immediately below its tubercle, and is continued down for ſome ſpace on the fore-part of this bone. It has likewiſe generally another origin from the internal condyle of the os humeri, which forms a diſtinct fleſhy ſlip that terminates near the upper part of the origin from the radius.

Inſerted into the laſt joint of the thumb, after having paſſed its tendon under the ligament of the wriſt.

Uſe. To bend the laſt joint of the thumb.

Flexor tertii internodii, Douglas.

2. FLEXOR BREVIS POLLICIS MANUS,

Ariſes, from the os trapezoides, magnum, and unciforme of the carpus, and is divided into two portions by the tendon of the flexor pollicis longus.

Inſerted into the oſſa ſeſamoidea and firſt bone of the thumb.

Uſe. To bend the firſt joint of the thumb.

Flexor ſecundi internodii, Douglas.

3. FLEXOR OSSIS METACARPI POLLICIS, OR OPPONENS POLLICIS,

Ariſes, fleſhy, from the os trapezium and ligamentum carpi annulare, lying under the abductor pollicis.

Inſerted, tendinous and fleſhy, into the under and anterior part of the metacarpal bone of the thumb.

Uſe. To bring the thumb inwards, oppoſite to the other fingers.

Flexor primi internodii, Douglas.

Extenſors:

1. EXTENSOR OSSIS METACARPI POLLICIS MANUS,

Ariſes, fleſhy, from the middle and poſterior part of the ulna, immediately below the inſertion of the anconæus muſcle, from the poſterior part of the middle of the radius, and from the interoſſeous ligament.

Inſerted, generally by two tendons, into the os trapezium, and upper back-part of the metacarpal bone of the thumb, and often joins with the abductor pollicis.

Uſe. To extend the metacarpal bone of the thumb outwardly.

Abductor longus pollicis manus, Albinus.

Extenſor primi internodii, Douglas.

2. EXTENSOR PRIMI INTERNODII,

Ariſes, fleſhy, from the poſterior part of the ulna near the former muſcle, and from the interoſſeous ligament.

Inſerted, tendinous, into the poſterior part of the firſt bone of the thumb; and part of it may be traced as far as the ſecond bone.

Uſe. To extend the firſt bone of the thumb obliquely outwards.

Extenſor minor pollicis manus, Albinus.

This and the preceding muſcle is called

Extenſor pollicis primus, Winſlow.

Extenſor ſecundi internodii, Douglas.

3. EXTENSOR SECUNDI INTERNODII,

Ariſes, by an acute, tendinous, and fleſhy beginning, from the middle back part of the ulna, and from the interoſſeous ligament; its tendon runs through a ſmall groove at the inner and back part of the lower end of the radius.

Inſerted into the laſt bone of the thumb.

Uſe. To extend the laſt joint of the thumb obliquely backwards.

Extenſor major pollicis manus, Albinus.

Extenſor pollicis ſecundus, Winſlow.

Extenſor tertii internodii, Douglas.

ABDUCTOR POLLICIS MANUS,

Ariſes, by a broad, tendinous, and fleſhy beginning, from the ligamentum carpi annulare, and from the os trapezium.

Inſerted, tendinous, into the outer ſide of the root of the firſt bone of the thumb.

Uſe. To draw the thumb from the fingers.

N. B. Albinus names the inner portion of this muſcle *abductor brevis alter.*

Abductor, Thenar Riolani, Douglas.

ADDUCTOR POLLICIS MANUS,

Ariſes, fleſhy, from almoſt the whole length of the metacarpal bone that ſuſtains the middle finger; from thence its fibres are collected together.

Inſerted, tendinous, into the inner part of the root of the firſt bone.

Uſe. To pull the thumb towards the fingers.

Adductor ad minimum digitum, Douglas.

Fore-finger,

INDICATOR,

Ariſes, by an acute fleſhy beginning, from the middle of the poſterior part of the ulna; its tendon paſſes under the ſame ligament with the extenſor digitorum communis, with part of which it is

Inſerted into the poſterior part of the fore-finger.

Extenſor ſecundi internodii indicis proprius, vulgo indicator, Douglas.

ABDUCTOR INDICIS MANUS,

Ariſes, from the os trapezium, and from the ſuperior part and inner ſide of the metacarpal bone of the thumb.

Inſerted, by a ſhort tendon, into the outer and back part of the firſt bone of the fore-finger.

Uſe. To bring the fore-finger towards the thumb.

Semi-interoſſeus, Winſlow.

Little-finger,

ABDUCTOR MINIMI DIGITI MANUS,

Ariſes, fleſhy, from the os piſiforme, and from that part of the ligamentum carpi annulare next it.

Inſerted, tendinous, into the inner ſide of the upper end of the firſt bone of the little finger.

Uſe. To draw this finger from the reſt.

Hypothenar minor, Winſlow.

Extenſor tertii internodii minimi digiti, Douglas.

ADDUCTOR METACARPI MINIMI DIGITI MANUS,

Ariſes, fleſhy, from the thin edge of the os unciforme, and from that part of the ligament of the wriſt next it.

Inſerted, tendinous, into the inner ſide and anterior part of the metacarpal bone of this finger.

Uſe. To bend and bring the metacarpal bone of this finger towards the reſt.

Metacarpus, Winſlow.

Flexor primi internodii minimi digiti, Douglas.

FLEXOR PARVUS MINIMI DIGITI,

Ariſes, fleſhy, from the outer ſide of the os unciforme, and from the ligament of the wriſt which joins with that bone.

Inſerted, by a rouniſh tendon, into the inner and anterior part of the upper end of the firſt bone of this finger.

Uſe. To bend the little finger, and aſſiſt the adductor.

Abductor minimi digiti, *Hypothenar Riolani*, Douglas.

Between the metacarpal bones, there are *four internal* and *three external* muſcles, named *interoſſei*.

Interoſſei interni:

1. PRIOR INDICIS,

Ariſes, tendinous and fleſhy, from the upper and outer part of the metacarpal bone that ſuſtains the fore-finger.

Inſerted into the outſide of that part of the tendinous expanſion from the extenſor digitorum communis, which covers the poſterior part of the fore-finger.

Uſe. To draw the fore-finger inwards towards the thumb, and extend it obliquely.

Extenſor tertii internodii indicis, Douglas.

2. POSTERIOR INDICIS,

Ariſes, tendinous and fleſhy, from the root and inner part of the metacarpal bone that ſuſtains the fore-finger.

Inſerted into the inner ſide of the tendinous expanſion which is ſent off from the extenſor digitorum communis, along the poſterior part of the fore-finger.

Uſe. To extend the fore-finger obliquely, and to draw it outwards.

Firſt interoſſeus, Douglas.

3. PRIOR ANNULARIS.

Ariſes, from the root of the outſide of the metacarpal bone that ſuſtains the ring-finger.

Inſerted into the outſide of the tendinous expanſion of the extenſor digitorum communis which covers the ring-finger.

Uſe. To extend and pull the ring-finger towards the thumb.

Fourth interoſſeus, Douglas.

4. INTEROSSEUS AURICULARIS,

Ariſes from the root and outer ſide of the metacarpal bone of the little finger; and is

Inſerted into the outſide of the tendinous expanſion of the extenſor digitorum communis, which covers the poſterior part of the little finger.

Uſe. To extend and draw the little finger outwards.

Sixth interoſſeus, Douglas.

Interoſſei externi, ſeu bicipites:

1. PRIOR MEDII,

Ariſes, by two origins, from the roots of the metacarpal bones that ſuſtain the fore and middle fingers externally, and next each other: Runs along the outſide of the middle-finger; and, being conſpicuous on both ſides of the hand, is

Inſerted into the outſide of the tendinous expanſion from the extenſor digitorum communis, which covers the poſterior part of the middle-finger.

Uſe. To extend, and to draw the middle finger inwards.

Second interoſſeus, Douglas.

2. POSTERIOR MEDII,

Ariſes, by two origins, from the roots of the metacarpal bones, next each other, that ſuſtain the middle and ring-fingers.

Inſerted into the inſide of the tendinous expanſion from the extenſor digitorum communis, which runs along the poſterior part of the middle-finger.

Uſe. To extend and draw the middle-finger outwards.

Third interoſſeus, Douglas.

3. POSTERIOR ANNULARIS,

Ariſes, by two origins, from the roots of the metacarpal bones that ſuſtain the ring and little fingers next each other.

Inſerted into the inſide of the tendinous expanſion of the extenſor digitorum communis, which runs along the poſterior part of the ring-finger.

Uſe. To extend and draw the ring-finger inwards.

Fifth interoſſeus, Douglas.

N. B. The internal interoſſei are only conſpicuous on the palm of the hand; but the external are apparent on both the palm and back of the hand.

CHAP. XXIX.

MUSCLES *of the Inferior* EXTREMITIES.

THESE may be divided into the muſcles *ſituated* on the *outſide* of the *pelvis*, on the *thigh*, on the *leg*, and on the *foot*.

Muſcles on the outſide of the *pelvis*, which are called *muſcles of the thigh*.

Theſe are compoſed of *one layer before* and *three layers behind*.

The layer before conſiſts of five muſcles:

1. PSOAS MAGNUS. 2. ILIACUS INTERNUS.	Theſe were formerly deſcribed.

Vid. p. 313. 314.

3. PECTINALIS,

Ariſes, broad and fleſhy, from the upper and anterior part of the os pubis or pectinis, immediately above the foramen thyroideum.

Inſerted into the anterior and upper part of the linea aſpera of the os femoris, a little below the trochanter minor, by a flat and ſhort tendon.

Uſe. To bring the thigh upwards and inwards, and to give it a degree of rotation outwards.

Pectineus, Albinus.

4. TRICEPS ADDUCTOR FEMORIS,

Under this appellation are comprehended three diſtinct muſcles;

1. ADDUCTOR LONGUS FEMORIS,

Ariſes, by a pretty ſtrong roundiſh tendon, from the upper and anterior part of the os pubis, and ligament of its ſynchondroſis, on the inner-ſide of the pectinalis.
Inſerted, tendinous, near the middle of the poſterior part of the linea aſpera, being continued for ſome way down.
Adductor femoris primus, Douglas.
Triceps minus, Winſlow.

2. ADDUCTOR BREVIS FEMORIS,

Ariſes, tendinous, from the os pubis near its joining with the oppoſite os pubis below and behind the former.
Inſerted, tendinous and fleſhy, into the inner and upper part of the linea aſpera, from a little below the trochanter minor, to the beginning of the inſertion of the adductor longus.
Adductor femoris ſecundus, Douglas.
Triceps ſecundus, Winſlow.

3. ADDUCTOR MAGNUS FEMORIS,

Ariſes, a little lower down than the former, near the ſymphyſis of the oſſa pubis; tendinous and fleſhy, from the tuberoſity of the os iſchium; the fibres run outwards and downwards.
Inſerted, into almoſt the whole length of the linea aſpera; into a ridge above the internal condyle of the os femoris; and, by a roundiſh long tendon, into the upper part of that condyle, a little above which the femoral artery takes a ſpinal turn towards the ham, paſſing between this muſcle and the bone.
Uſe of theſe three muſcles or triceps. To bring the thigh

thigh inwards and upwards, according to the different directions of their fibres; and, in ſome degree, to roll the thigh outwards.

Adductor femoris tertius, and
Adductor femoris quartus, Douglas.
Triceps tertius, Winſlow.

5. OBTURATOR EXTERNUS,

Ariſes, fleſhy, from the lower fore-part of the os pubis, and fore-part of the inner crus of the iſchium; ſurrounds the foramen thyroideum; a number of its fibres, ariſing from the membrane which fills up that foramen, are collected like rays towards a centre, and paſs outwards around the root of the back-part of the cervix of the os femoris.

Inſerted, by a ſtrong tendon, into the cavity at the inner and back part of the root of the trochanter major, adhering in its courſe to the capſular ligament of the thigh-bone.

Uſe. To roll the thigh-bone obliquely outwards, and to prevent the capſular ligament from being pinched.

Behind:

Firſt Layer.

GLUTEUS MAXIMUS,

Ariſes, fleſhy, from the poſterior part of the ſpine of the os ilium, a little higher up than the joining of the ilium with the os ſacrum, from the whole external ſide of the os ſacrum, below the poſterior ſpinous proceſs of the os ilium; from the poſterior ſacro-iſchiatic ligament, over which part of the inferior edge of this muſcle hangs in a folded manner; from the os coccygis. All the fleſhy fibres run obliquely forwards, and a little downwards, to form a thick broad muſcle, which is divided into a number of ſtrong faſciculi. The upper part of it covers almoſt the whole of the trochanter major, between which and the tendon of this muſcle there is a large burſa mucoſa, and where it is inſeparably joined to the broad tendon of the *tenſor vaginæ femoris*.

Inſerted, by a ſtrong, thick, and broad tendon into the upper and outer part of the linea aſpera, which is continued from the trochanter major, for ſome way downwards.

Uſe. To extend the thigh, by pulling it directly backwards, and a little outwards.

Gluteus magnus, Albinus.

Gluteus major, Cowper.

Second Layer,

GLUTEUS MEDIUS,

Ariſes, fleſhy, from the anterior ſuperior ſpinous proceſs of the os ilium, and from all the outer edge of the ſpine of the ilium, except its poſterior part, where it ariſes from the dorſum of that bone.

Inſerted, by a broad tendon, into the outer and poſterior part of the trochanter major.

Uſe. To draw the thigh-bone outwards, and a little backwards; to roll the thigh-bone outwards, eſpecially when it is bended.

N. B. The anterior and upper part of this muſcle is covered by a tendinous membrane, from which a number of its fleſhy fibres ariſe, and which joins with the broad tendons of the gluteus maximus, tenſor vaginæ femoris, and latiſſimus dorſi.

Third Layer conſiſts of four muſcles.

1. GLUTEUS MINIMUS,

Ariſes, fleſhy, from a ridge that is continued from the ſuperior anterior ſpinous proceſs of the os ilium, and from the middle of the dorſum of that bone, as far back as its great nitch.

Inſerted, by a ſtrong tendon, into the fore and upper part of the trochanter major.

Uſe. To aſſiſt the former in pulling the thigh outwards and backwards, and in rolling it.

Gluteus minor, Albinus.

2. PYRIFORMIS,

Ariſes, within the pelvis, by three tendinous and fleſhy origins, from the ſecond, third, and fourth pieces of the os ſacrum; from thence growing gradually narrower, it paſſes out of the pelvis along with the poſterior crural nerve, below the nitch in the poſterior part of the os ilium, where it receives a few fleſhy fibres.

Inſerted, by a roundiſh tendon, into the upper part of the cavity at the inner ſide of the root of the trochanter major.

Uſe. To move the thigh a little upwards, and roll it outwards.

Pyriformis, ſeu *iliacus externus*, Douglas.

3. GEMINI

Ariſes, by two diſtinct origins; the ſuperior from the ſpinous proceſs, and the inferior from the tuberoſity of the os iſchium; alſo, from the poſterior ſacro-iſchiatic ligament. They are both united by a tendinous and fleſhy membrane, and form a purſe for the tendon of the obturator internus muſcle, which was formerly deſcribed.

Inſerted, tendinous and fleſhy, into the cavity at the inner ſide of the root of the trochanter major, on each ſide of the tendon of the obturator internus, to which they firmly adhere.

Uſe. To roll the thigh outwards, and to preſerve the tendon of the obturator internus from being hurt by the hardneſs of that part of the iſchium over which it paſſes; alſo, to hinder it from ſtarting out of its place, while the muſcle is in action.

Gemelli, Winſlow.

4. QUADRATUS FEMORIS,

Ariſes, tendinous and fleſhy, from the outſide of the tuberoſity of the os iſchium; and, running tranſverſely, is

Inſerted, fleſhy, into a rough ridge, continued from the root of the large trochanter to the root of the ſmall one.

Uſe. To roll the thigh outwards.

CHAP. XXX.

MUSCLES *ſituated on the* THIGH.

THESE are called *muſcles* of the *leg;* and conſiſt of *one*, on the *outſide; two*, on the *inſide; four*, *before;* and, *four behind*.

Previous to the deſcription of the muſcles that are ſituated on the thigh and leg, it is neceſſary to take notice of a broad tendinous faſcia or ſheath, which is ſent off from the back and from the tendons of the glutei and adjacent muſcles.

It is a ſtrong thick membrane on the outſide of the thigh and leg; but, towards the inſide of both, it gradually turns thinner, and has rather the appearance of cellular ſubſtance, than a tendinous membrane. A little below the trochanter major, it is firmly fixed to the linea aſpera; and, farther down, to that part of the head of the tibia that is next the fibula; where it ſends off the tendinous expanſion along the outſide of the leg.

It ſerves to ſtrengthen the action of the muſcles, by keeping them firm in their proper places while in action, particularly the tendons that paſs over the joints, where this membrane is thickeſt, and it gives origin to a number of the fleſhy fibres of the muſcles.

Outſide,

TENSOR VAGINÆ FEMORIS,

Ariſes, by a narrow, tendinous, and fleſhy beginning, from the external part of the anterior ſuperior ſpinous proceſs of the os ilium.

Inſerted, a little below the trochanter major, into the inner ſide of the membranous faſcia which covers the outſide of the thigh.

Uſe. To ſtretch the membranous faſcia, to aſſiſt in the abduction of the thigh, and ſomewhat in its rotation inwards.

Muſculus aponeuroſis, vel *Faſciæ latæ*, Winſlow.

Inſide,

1. SARTORIUS,

Ariſes, tendinous, from the anterior ſuperior ſpinous proceſs of the os ilium, ſoon grows fleſhy, runs down for ſome ſpace upon the rectus, and, going obliquely inwards, it paſſes over the vaſtus internus, and, about the middle of the os femoris, over part of the triceps, it runs down further between the tendon of the adductor magnus, and that of the gracilis muſcle.

Inſerted, by a broad and thin tendon, into the inner ſide of the tibia, near the inferior part of its tubercle.

Uſe. To bend the leg obliquely inwards, or to bring one leg acroſs the other.

2. GRACILIS,

Ariſes, by a thin tendon, from the os pubis near the ſymphyſis of theſe two bones; ſoon grows fleſhy; and, deſcending by the inſide of the thigh, is

Inſerted, tendinous, into the tibia under the ſartorius.

Uſe. To aſſiſt the ſartorius.

Gracilis internus, ſive *Rectus internus*, Winſlow.

Before,

1. RECTUS.

Ariſes, fleſhy, from the inferior anterior ſpinous proceſs of the os ilium, and tendinous from the dorſum of the ilium, a little above the acetabulum; runs down over the anterior part of the cervix of the os femoris, the fibres not being ſtraight, but running down like the plumage of a feather obliquely outwards and inwards, from a tendon in the middle.

Inſerted, tendinous, into the upper part of the patella, from which a thin tendon ruus down, on the forepart of this bone, to terminate in a thick ſtrong ligament, which is ſent off from the inferior part of the patella, and inſerted into the tubercle of the tibia.

Uſe. To extend the leg, and in a powerful manner, by the intervention of the patella, like a pulley.

Rectus, ſive *Gracilis anterior*, Winſlow.

2. VASTUS EXTERNUS,

Ariſes, broad, tendinous, and fleſhy, from the root of the trochanter major, and upper part of the linea aſpera, its origin being continued from near the inſertion of the gluteus minimus, the whole length of the linea aſpera, by fleſhy fibres which run obliquely forwards to a middle tendon, where they terminate.

Inſerted into a large ſhare of the upper part of the patella; and part of it ends in an aponeuroſis, which is continued down to the leg, and, in its paſſage, is firmly fixed to the head of the tibia.

Uſe. To extend the leg.

3. VASTUS INTERNUS,

Ariſes, tendinous and fleſhy, from between the forepart of the os femoris and root of the trochanter minor, and from almoſt all the inſide of the linea aſpera, by fibres running obliquely forwards and downwards.

Inſerted, tendinous, into the upper and inſide of the patella; continuing fleſhy lower than the vaſtus externus. Part of it likewiſe ends in an aponeuroſis continued down to the leg, and fixed in its paſſage to the upper part of the tibia.

Uſe. To extend the leg.

4. CRURALIS,

Ariſes, fleſhy, from between the two trochanters of the os femoris, but nearer the minor, and firmly adhering to moſt of the fore-part of the os femoris, and connected to both vaſti muſcles.

Inſerted, tendinous, into the upper part of the patella, behind the rectus.

Uſe. To aſſiſt in the extenſion of the leg.

Cruralis, Albinus.

N. B. Theſe four muſcles *before*, being inſerted into the patella, have the ſame effect upon the leg, as if they were immediately inſerted into it, by means of the ſtrong tendon, or rather ligament, which is ſent off from the inferior part of the patella to the tibia.

Behind,

1. SEMITENDINOSUS.

Ariſes, tendinous and fleſhy, in common with the long head of the biceps, from the poſterior part of the tuberoſity of the os iſchium; and ſending down a long roundiſh tendon, which ends flat, is

Inſerted into the inſide of the ridge of the tibia, a little below its tubercle.

Uſe. To bend the leg backwards, and a little inwards.

Seminervoſus, Winſlow and Douglas.

2. SEMIMEMBRANOSUS,

Ariſes, tendinous, from the upper and poſterior part of the tuberoſity of the os iſchium, ſends down a broad flat tendon, which ends in a fleſhy belly, and, in its deſcent, runs at firſt on the fore-part of the biceps, and, lower, between it and the ſemitendinoſus.

Inſerted, tendinous, into the inner and back part of the head of the tibia.

Uſe. To bend the leg, and bring it directly backwards.

N. B. The two laſt form what is called the *inner ham-ſtring*.

3. BICEPS FLEXOR CRURIS,

Ariſes, by two diſtinct heads. The firſt, called *longus*, ariſes, in common with the ſemitendinoſus, from the upper and poſterior part of the tuberoſity of the os iſchium. The ſecond, called *brevis*, ariſes from the linea aſpera, a little below the termination of the gluteus maximus, by a fleſhy acute beginning, which ſoon grows broader as it deſcends to join with the firſt head, a little above the external condyle of the os femoris.

Inſerted by a ſtrong tendon, into the upper part of the head of the fibula.

Uſe. To bend the leg.

Biceps cruris, Albinus.

Biceps, Winſlow and Douglas.

N. B. This muſcle forms what is called the *outer ham-ſtring;* and between it and the inner, the nervous popliteus, and arteria and vena poplitea, are ſituated.

4. POPLITEUS,

Ariſes, by a round tendon, from the lower and back-part of the external condyle of the os femoris; then runs over the ligament that involves the joint, firmly adhering to it, and part of the ſemilunar cartilage. As it runs over the joint, it becomes fleſhy, and the fibres run obliquely inwards, being covered with a thin tendinous membrane.

Inſerted, broad, thin, and fleſhy, into a ridge at the upper and internal edge of the tibia, a little below its head.

Uſe. To aſſiſt in bending the leg, and to prevent the capſular ligament from being pinched. After the leg is bent, this muſcle ſerves to roll it inwards.

CHAP. XXXI.

MUSCLES *ſituated on the* LEG.

THESE are called *Muſcles* of the *Foot;* and may be divided into *two claſſes*, viz. *Extenſors and Flexors* of the *Foot*. 2. *Common Extenſors* and *Flexors* of the *Toes*.

Firſt Claſs.

Extenſors.

Theſe conſiſt of three,

1. GASTROCNEMIUS EXTERNUS, SEU GEMELLUS,

Ariſes, by two diſtinct heads. The firſt head ariſes from the upper and back-part of the internal condyle of the os femoris, and from that bone, a little above its condyle, by two diſtinct tendinous origins. The ſecond head ariſes tendinous from the upper and back-part of the external condyle of the os femoris. A little below the joint, their fleſhy bellies unite in a middle tendon; and, below the middle of the tibia, it ſends off a broad thin tendon, which joins a little above the extremity of the tibia with the tendon of the following.

2. SO-

2. SOLEUS, SEU GASTROCNEMIUS INTERNUS,

Ariſes by two origins. The firſt is from the upper and back part of the head of the fibula, continuing to receive many of its fleſhy fibres from the poſterior part of that bone for ſome ſpace below its head. The other origin begins from the poſterior and upper part of the middle of the tibia; and runs inwards along the inferior edge of the popliteus towards the inner part of the tibia, from which it receives fleſhy fibres for ſome way down. The fleſh of this muſcle, covered by the tendon of the gemellus, runs down near as far as the extremity of the tibia; a little above which the tendons of both gaſtrocnemii unite, and form a ſtrong round chord, which is called *tendo Achillis*.

Inſerted into the upper and poſterior part of the os calcis; by the projection of which the tendo Achillis is at a conſiderable diſtance from the tibia.

Uſe. To extend the foot, by bringing it backwards and downwards.

Gemellus and *Soleus*, Albinus.

Gaſtrocnemii and *Soleus*, Winſlow.

Extenſor tarſi ſuralis, vel *Extenſor magnus*, Douglas.

3. PLANTARIS,

Ariſes, thin and fleſhy, from the upper and back part of the root of the external condyle of the os femoris, near the inferior extremity of that bone, adhering to the ligament that involves the joint in its deſcent. It paſſes along the ſecond origin of the ſoleus, and under the gemellus, where it ſends off a long, ſlender, thin tendon, which comes from between the great extenſors, where they join tendons; then runs down by the inſide of the tendo Achilles.

Inſerted into the inſide of the poſterior part of the os calcis, below the tendo Achillis.

Uſe. To aſſiſt the former, and to pull the capſular ligament of the knee from between the bones. It ſeems likewiſe to aſſiſt in rolling the foot inwards.

Tibialis gracilis, vulgo *Plantaris*, Winſlow.

Extenſor tarſi minor, vulgo *Plantaris*, Douglas.

N. B. This muſcle, though ſeldom, has been found wanting on both ſides.

Flexors:

Theſe conſiſt of four; two that belong to the tibia, and two to the fibula.

1. TIBIALIS ANTICUS,

Ariſes, tendinous and fleſhy, from the middle of that proceſs of the tibia, to which the fibula is connected above; then it runs down fleſhy on the outſide of the tibia; from which, and the upper-part of the interoſſeous ligament, it receives a number of diſtinct fleſhy fibres; near the extremity of the tibia, it ſends off a ſtrong round tendon, which paſſes under part of the ligamentum tarſi annulare near the malleolus internus.

Inſerted, tendinous, into the inſide of the os cuneiforme internum, and poſterior end of the metatarſal bone that ſuſtains the great toe.

Uſe. To bend the foot, by drawing it upwards, and, at the ſame time, to turn the toes inwards.

2. TIBIALIS POSTICUS,

Ariſes, by a narrow fleſhy beginning, from the fore and upper part of the tibia, juſt under the proceſs which joins it to the fibula; then paſſing through a perforation in the upper part of the interoſſeus ligament, it continues its origin from the back-part of the fibula next the tibia, and trom near one half of the upper-part of the laſt-named bone; as alſo, from the interoſſeous ligament, the fibres running towards a middle tendon, which ſends off a round one that paſſes in a groove behind the malleolus internus.

Inſerted, tendinous, into the upper and inner part of the os naviculare, being further continued to the os cuneiforme internum and medium; beſides, it gives ſome tendinous filaments to the os calcis, os cuboides, and to the root of the metatarſal bone that ſuſtains the middle toe.

Uſe. To extend the foot, and to turn the toes inwards.

3. PERONEUS LONGUS,

Ariſes, tendinous and fleſhy, from the fore-part of the head of the perone, or fibula, the fibres running ſtraight down; alſo from the upper and external part of the fibula, where it begins to riſe into a round edge; as alſo, from the hollow between that and its anterior edge, as far down as to reach within a handbreadth of the ankle, by a number of fleſhy fibres, which run outwards towards a tendon, that ſends off a long round one, which paſſes through a channel at the outer ankle, in the back-part of the inferior extremity of the fibula; then, being reflected to the ſinuoſity of the os calcis, it runs along a groove in the os cuboides, above the muſcles in the ſole of the foot.

Inſerted, tendinous, into the outſide of the root of the metatarſal bone that ſuſtains the great toe, and by ſome tendinous fibres in the os cuneiforme internum.

Uſe. To move the foot outwards, and to extend it a little.

Peroneus maximus, vulgo *Peroneus poſterior*, Winſlow.
Peroneus primus, ſeu *Poſticus*, Douglas.

4. PERONEUS BREVIS,

Ariſes, by an acute fleſhy beginning, from above the middle of the external part of the fibula; from the outer ſide of the anterior ſpine of this bone; as alſo, from its round edge externally, the fibres running obliquely outwards towards a tendon on its external ſide: it ſends off a round tendon which paſſes through the groove at the outer ankle, being there included under the ſame ligament with that of the preceding muſcle; and a little further, it runs through a particular one of its own.

Inſerted, tendinous, into the root and external part of the metatarſal bone that ſuſtains the little toe.

Uſe. To aſſiſt the former in pulling the foot outwards, and extending it a little.

Peroneus medius, vulgo *Peroneus anticus*, Winſlow.
Peroneus ſecundus, ſeu *Anticus*, Douglas.

Second Claſs.

Common Extenſors.

Theſe conſiſt of two.

1. EXTENSOR LONGUS DIGITORUM PEDIS,

Ariſes, tendinous and fleſhy, from the upper and outer part of the head of the tibia, and from the head of the fibula where it joins with the tibia, and from the interoſſeous ligament; alſo from the tendinous faſcia, which covers the upper and outſide of the leg by a number of fleſhy fibres; and tendinous and fleſhy, from the anterior ſpine of the fibula, almoſt its whole length, where it is inſeparable from the *peroneus tertius.* It ſplits into four round tendons, under the ligamentum tarſi annulare.

Inſerted, by a flat tendon, into the root of the firſt joint of each of the four ſmall toes; and is expanded over the upper-ſide of the toes, as far as the root of the laſt joint.

Uſe. To extend all the joints of the four ſmall toes.

Extenſor longus, Douglas.

N. B. A portion of this muſcle, which

Ariſes from the middle of the fibula, continues down to near its inferior extremity, and ſends its fleſhy fibres forwards to a tendon, which paſſes under the annular ligament, and is

Inſerted into the root of the metatarſal bone that ſuſtains the little toe: it is called by Albinus *peroneus tertius;* and by others, the *Nonus Veſalii.*

Uſe. To aſſiſt in bending the foot.

2. EXTENSOR BREVIS DIGITORUM PEDIS,

Ariſes, fleſhy and tendinous, from the fore and upper part of the os calcis; and ſoon forms a fleſhy belly, diviſible into four portions, which ſends off an equal number of tendons that paſs over the upper part of the foot, under the tendons of the former.

Inſerted, by four ſlender tendons, into the tendinous expanſion from the extenſor longus, which covers the ſmall toes, except the little one; alſo into the tendinous expanſion from the extenſor pollicis, that covers the upper part of the great toe.

Uſe. To extend the toes.

Extenſor brevis, Douglas.

Flexors:

Theſe may be reckoned three.

1. FLEXOR BREVIS DIGITORUM PEDIS, SUBLIMIS, PERFORATUS,

Ariſes, by a narrow fleſhy beginning, from the inferior and poſterior part of a protuberance of the os calcis, between the abductors of the great and little toes; ſoon forms a thick fleſhy belly, which ſends off four tendons that ſplit for the paſſage of the flexor longus.

Inſerted into the ſecond phalanx of the four leſſer toes. The tendon of the little toe is often wanting.

Uſe. To bend the ſecond joint of the toes.

Perforatus, ſeu *Sublimis*, Douglas.

2. FLEXOR LONGUS DIGITORUM PEDIS, PROFUNDUS, PERFORANS,

Ariſes, by an acute tendon, which ſoon becomes fleſhy, from the back part of the tibia, ſome way below its head, near the entry of the medullary artery; which beginning, is continued down the inner edge of this bone by ſhort fleſhy fibres, ending in its tendon; alſo, by tendinous and fleſhy fibres, from the outer edge of the tibia; and between this double order of fibres the tibialis poſticus muſcle lies incloſed. Having paſſed under two annular ligaments, it then paſſes through a ſinuoſity at the inſide of the os calcis; and, about the middle of the ſole of the foot, divides into four tendons, which paſs through the ſlits of the perforatus; and, juſt before its diviſion, it receives a conſiderable tendon from that of the flexor pollicis longus.

Inſerted into the extremity of the laſt joint of the four leſſer toes.

Uſe. To bend the laſt joint of the toes.

This muſcle is aſſiſted by the

FLEXOR DIGITORUM ACCESSORIUS, SEU MASSA CARNEA JACOBI SYLVII,

Ariſes, by a thin fleſhy origin, from moſt part of the ſinuoſity at the inſide of the os calcis, which is continued forwards for ſome ſpace on the ſame bone; alſo, by a thin tendinous beginning, from before the tuberoſity of the os calcis externally; and, ſoon becoming all fleſhy, is

Inſerted into the tendon of the flexor longus, juſt at its diviſion into four tendons.

Uſe. To aſſiſt the flexor longus.

3. LUMBRICALES PEDIS,

Ariſe, by four tendinous and fleſhy beginnings, from the tendon of the flexor profundus, juſt before its diviſion, near the inſertion of the maſſa carnea.

Inſerted, by four ſlender tendons, into the inſide of the firſt joint of the four leſſer toes, and are loſt in the tendinous expanſion that is ſent from the extenſors to cover the upper part of the toes.

Uſe. To increaſe the flexion of the toes, and to draw them inwards.

CHAP. XXXII.

MUSCLES *which are chiefly ſituated on the* FOOT.

THESE may be divided into the *muſcles* of the *great toe*, of the *little toe*, and of the *metatarſal bones*.

Muſcles of the great toe.

Theſe are five:

1. EXTENSOR PROPRIUS POLLICIS PEDIS,

Ariſes, by an acute, tendinous, and fleſhy beginning, ſome way below the head and anterior part of the fibula, along which it runs to near its lower extremity, connected to it by a number of fleſhy fibres, which deſcend obliquely towards a tendon.

Inſerted, tendinous, into the poſterior part of the firſt and laſt joint of the great toe.

Uſe. To extend the great toe.

Extenſor longus, Douglas.

2. FLEX-

2. FLEXOR LONGUS POLLICIS PEDIS,

Ariſes, by an acute, tendinous, and fleſhy beginning, from the poſterior part of the fibula, ſome way below its head, being continued down the ſame bone, almoſt to its inferior extremity, by a double order of oblique fleſhy fibres; its tendon paſſes under an annular ligament at the inner ankle.

Inſerted into the laſt joint of the great toe, and generally ſends a ſmall tendon to the os calcis.

Uſe. To bend the laſt joint of this toe.

Flexor longus, Douglas.

3. FLEXOR BREVIS POLLICIS PEDIS,

Ariſes, tendinous, from the under and fore-part of the os calcis, where it joins with the os cuboides, from the os cuneiforme externum, and is inſeparably united with the abductor and adductor pollicis.

Inſerted into the external os ſeſamoideum and root of the firſt joint of the great toe.

Uſe. To bend the firſt joint.

4. ABDUCTOR POLLICIS PEDIS,

Ariſes, fleſhy, from the inſide of the root of the protuberance of the os calcis, where it forms the heel; and tendinous from the ſame bone, where it joins with the os naviculare.

Inſerted, tendinous, into the internal os ſeſamoideum, and root of the firſt joint of the great toe.

Uſe. To pull the great toe from the reſt.

Thenar, Winſlow.

5. ADDUCTOR POLLICIS PEDIS,

Ariſes, by a long thin tendon, from the os calcis, from the os cuboides, from the os cuneiforme externum, and from the root of the metatarſal bone of the ſecond toe.

Inſerted into the external os ſeſamoideum, and root of the metatarſal bone of the great toe.

Uſe. To bring this toe nearer the reſt.

Antithenar, Winſlow.

Muſcles of the little toe.

Theſe, beſides the common extenſors and flexors, are two, viz.

1. ABDUCTOR MINIMI DIGITI PEDIS,

Ariſes, tendinous and fleſhy, from the ſemicircular edge of a cavity on the inferior part of the protuberance of the os calcis, and from the root of the metatarſal bone of the little toe.

Inſerted into the root of the firſt joint of the little toe externally.

Uſes. To draw the little toe outwards from the reſt.

Parathenar major, and *Metatarſeus*, Winſlow.

2. FLEXOR BREVIS MINIMI DIGITI PEDIS,

Ariſes, tendinous, from the os cuboides, near the ſulcus or furrow for lodging the tendon of the peroneus longus; fleſhy from the outſide of the metatarſal bone that ſuſtains this toe, below its protuberant part.

Inſerted into the anterior extremity of the metatarſal bone, and root of the firſt joint of this toe.

Uſe. To bend this toe.

Parathenar minor, Winſlow.

Muſcles from the metatarſal bones.

Theſe are four external and three internal interoſſei, and one muſcle which is common to all the metatarſal bones.

Interoſſei Pedis Externi, Bicipites.

1. ABDUCTOR INDICIS PEDIS,

Ariſes, tendinous and fleſhy, by two origins, from the root of the inſide of the metatarſal bone of the fore-toe, from the outſide of the root of the metatarſal bone of the great-toe, and from the os cuneiforme internum.

Inſerted, tendinous, into the inſide of the root of the firſt joint of the fore-toe.

Uſe, To pull the fore-toe inwards from the reſt of the ſmall toes.

2. ADDUCTOR INDICIS PEDIS,

Ariſes, tendinous and fleſhy, from the roots of the metatarſal bones of the fore and ſecond toe.

Inſerted, tendinous, into the outſide of the root of the firſt joint of the fore-toe.

Uſe. To pull the fore-toe outwards towards the reſt.

3. ADDUCTOR MEDII DIGITI PEDIS,

Ariſes, tendinous and fleſhy, from the roots of the metatarſal bones of the ſecond and third toes.

Inſerted, tendinous, into the outſide of the root of the firſt joint of the ſecond toe.

Uſe. To pull the ſecond toe outwards.

4. ADDUCTOR TERTII DIGITI PEDIS,

Ariſes, tendinous and fleſhy, from the roots of the metatarſal bones of the third and little toe.

Inſerted, tendinous, into the outſide of the root of the firſt joint of the third toe.

Uſe. To pull the third toe outwards.

Interoſſei Pedis interni.

1. ABDUCTOR MEDII DIGITI PEDIS,

Ariſes, tendinous and fleſhy, from the inſide of the root of the metatarſal bone of the middle toe internally.

Inſerted, tendinous, into the inſide of the root of the firſt joint of the middle toe.

Uſe. To pull the middle toe inwards.

2. ABDUCTOR TERTII DIGITI PEDIS,

Ariſes, tendinous and fleſhy, from the inſide and inferior part of the root of the metatarſal bone of the third toe.

Inſerted, tendinous, into the inſide of the root of the firſt joint of the third toe.

Uſe. To pull the third toe inwards.

3. ADDUCTOR MINIMI DIGITI PEDIS,

Ariſes, tendinous and fleſhy, from the inſide of the root of the metatarſal bone of the little toe.

Inſerted, tendinous, into the inſide of the root of the firſt joint of the little toe.

Uſe. To pull the little toe inwards.

The muſcle which brings the extremities of the metatarſal bones towards each other, is named

TRANSVERSALIS PEDIS,

Ariſes, tendinous, from the under part of the anterior extremity of the metatarſal bone of the great toe, and from the internal os ſeſamoideum of the firſt joint, adhering to the adductor pollicis.

Inſerted, tendinous, into the under and outer part of the anterior extremity of the metatarſal bone of the little toe, and ligament of the next toe.

Uſe. To contract the foot, by bringing the great toe and the two outermoſt toes nearer each other.

N. B. The muſcles ſituated on the ſole of the foot are covered by a ſtrong tendinous aponeuroſis, which is extended from the os calcis to the firſt joints of all the toes, and ſerves to preſerve the ſubjacent parts from being compreſſed in ſtanding and walking.

A

SYSTEM OF ANATOMY.

PART III.

CONTAINING

EIGHT ANATOMICAL TABLES

OF THE

HUMAN BODY;

Exhibiting the PRINCIPAL PARTS of the

SKELETON AND MUSCLES

REPRESENTED IN THE

LARGE TABLES OF ALBINUS.

TO WHICH ARE ADDED,

CONCISE EXPLANATIONS.

By JOHN INNES.

TO THE

MEDICAL SOCIETY.

GENTLEMEN,

I EMBRACE this opportunity of expreſſing my gratitude for the many favours I have received from you, both in your collective and individual capacity; but I am unwilling to offend, either by encomiums on the utility of your inſtitution, or by exhibiting the private friendſhips with which I have been honoured by many of your number.

In compliance with your ſolicitations, I lately publiſhed a ſhort Deſcription of the Human Muſcles, which has been fortunate enough to receive your approbation. It was, however, your opinion, that a ſet of Tables would render the deſcriptions ſtill more perfect and uſeful. I have, therefore, cauſed the following plates to be engraven; and I hope they will not altogether diſappoint your expectations.

The tables of Albinus, though accurate and complete, are not, perhaps, on account of their ſize, the prolixity of the deſcriptions, and the number of references, ſo fully ſuited to the purpoſes of private diſſection as could be wiſhed.

To remedy this inconvenience, I have copied eight of Albinus's tables on a ſmaller ſcale. Two of them contain a fore and back view of the ſkeleton; and the other ſix are repreſentations of the muſcles.

To each plate I have prefixed an explanation; and I have avoided, as much as was conſiſtent with perſpicuity, loading the figures with an unneceſſary quantity of referring letters. For this purpoſe, I have all along made uſe of one alphabet only.

To prevent the defacing of the muſcles, and to enable the learner to diſtinguiſh them without the aſſiſtance of references, the figures are only lettered on one ſide.

If this little work be of uſe in facilitating your anatomical ſtudies, it will give the greateſt pleaſure to,

Gentlemen,

Your very much obliged humble ſervant, and
Fellow-member,

JOHN INNES.

EXPLANATIONS
OF THE
SKELETON AND MUSCLES,
AS REPRESENTED IN THE
TABLES.

TABLE I.

THIS figure repreſents a front view of the human ſkeleton, with ſome of the ligaments and cartilages, which connect the bones to each other.

HEAD *and* NECK.

a, Os frontis.
b, Os parietale.
  Between *a* and *b*, part of the coronal ſuture.
c, The pars ſquamoſa of the temporal bone.
  Between *b* and *c*, the ſquamous ſuture.
  Below the pars ſquamoſa, the zygoma; and, lower down, above *f*, the maſtoid proceſs.
  Between the pars ſquamoſa and the cavity, which contains ths eye-ball, called *orbit*, the temporal proceſs of the ſphenoid bone is ſeen.

d, Os malæ.

Above *d*, a portion of the tranſverſe ſuture.

e, Os maxillare ſuperius, with the eight teeth of the right ſide.

The naſal proceſs of the ſuperior maxillary bone has the os naſi, joined by the lateral naſal ſuture, to its inſide; and at the outſide, within the orbit, the os unguis.

The oſſa naſi joined to each other before, by the anterior naſal ſuture.

f, Os maxillare inferius with ſixteen teeth; the four anterior named *inciſores*, the two corner ones *canini*, and the five poſterior on each ſide *molares*.

Oppoſite to *f*, the angle of the lower jaw; above *f*, the condyloid proceſs, by which the jaw is connected to the temporal bone, at the root of the zygoma; and behind the os malæ, the coronoid proceſs.

g, The ſeven cervical vertebræ, with their intermediate cartilages.

Oppoſite to *g*, their tranſverſe proceſſes.

TRUNK.

a, Sternum.

a, Its middle piece, to which one half of the cartilage that connects the ſecond rib, the whole of the cartilages of the third, fourth, fifth, ſixth, and one half of the ſeventh, are fixed.

Above *a*, the firſt or upper triangular piece, to which the clavicle and one half of the cartilage that connects the ſecond rib are fixed.

Below *a*, the extremity, or third piece of the ſternum, named *cartilago enſiformis*, to which one half of the cartilage that connects the ſeventh rib is fixed.

b, The ſeventh, or laſt true rib.

c, The twelfth, or laſt of the five falſe ribs.

d, The five lumbar vertebræ, with their intermediate cartilages.

Oppoſite to *d*, their tranſverſe proceſſes.

e, The os ſacrum, with its five diviſions.

f, Os innominatum, divided into

g, Os ilium,

h, Os pubis,

i, Os iſchium.

Oppoſite to *i*, the foramen thyroideum.

Superior Extremity.

a, The clavicle fixed before, to the firſt piece of the ſternum, and outwards to the acromion of the ſcapula.

b, The ſcapula.

Above *b*, the cervix of the ſcapula.

Oppoſite to it, the inferior coſta; and below the outward extremity of the clavicle, the ſuperior coſta, and coracoid proceſs, are ſeen.

c, The os humeri.

The upper end of it, which is connected to the cavity of the ſcapula, named *glenoid*, below the acromion, is named its *head* or *ball;* on each ſide of which is ſeen a tubercle, named *external* and *internal;* and between theſe, a groove for lodging the long head of the biceps flexor cubiti.

d, The internal condyle.

e, The external condyle.

Between *d* and *e*, the trochlea, upon which the ulna moves.

f, The radius.

The upper end, which moves on the external condyle of the os humeri, is named its *head;* below that, the tubercle for the inſertion of the biceps flexor cubiti, and between theſe the cervix.

The inferior end of it is connected to the carpus.

g, Ulna.

The upper end of it forms the coronoid proceſs, for the inſertion of the brachialis muſcle.

The inferior end has a proceſs named *ſtyloid*, which is connected to the carpus by a ligament.

h, The carpus, formed of eight bones.

i, Metacarpal bone of the thumb.

k, The metacarpal bones of the four fingers.

l, The two joints of the thumb.

m, The three joints or phalanges of the fore-finger; and the ſame are ſeen in each of the other three.

INFERIOR EXTREMITY.

a, Os femoris.

The upper end of it is named its *head* or *ball*, which is lodged in a deep ſocket of the os innominatum, named *acetabulum*.

Between the head and trochanter major, the cervix.

b, Trochanter major.

c, Trochanter minor.

d, Internal condyle.

e, External condyle.

f, Patella.

The place where it moves upon the os femoris, is named *trochlea*.

g, Tibia.

Between the tibia and the condyles of the os femoris, the ſemilunar cartilages are ſeen; and below the joint, the tubercle of the tibia.

h, Fibula.

i, Malleolus internus.

k, Malleolus externus.

l, Os calcis.

Between *l* and *m*, the other ſix bones of the tarſus.

m, Metatarſal bones of the four toes.

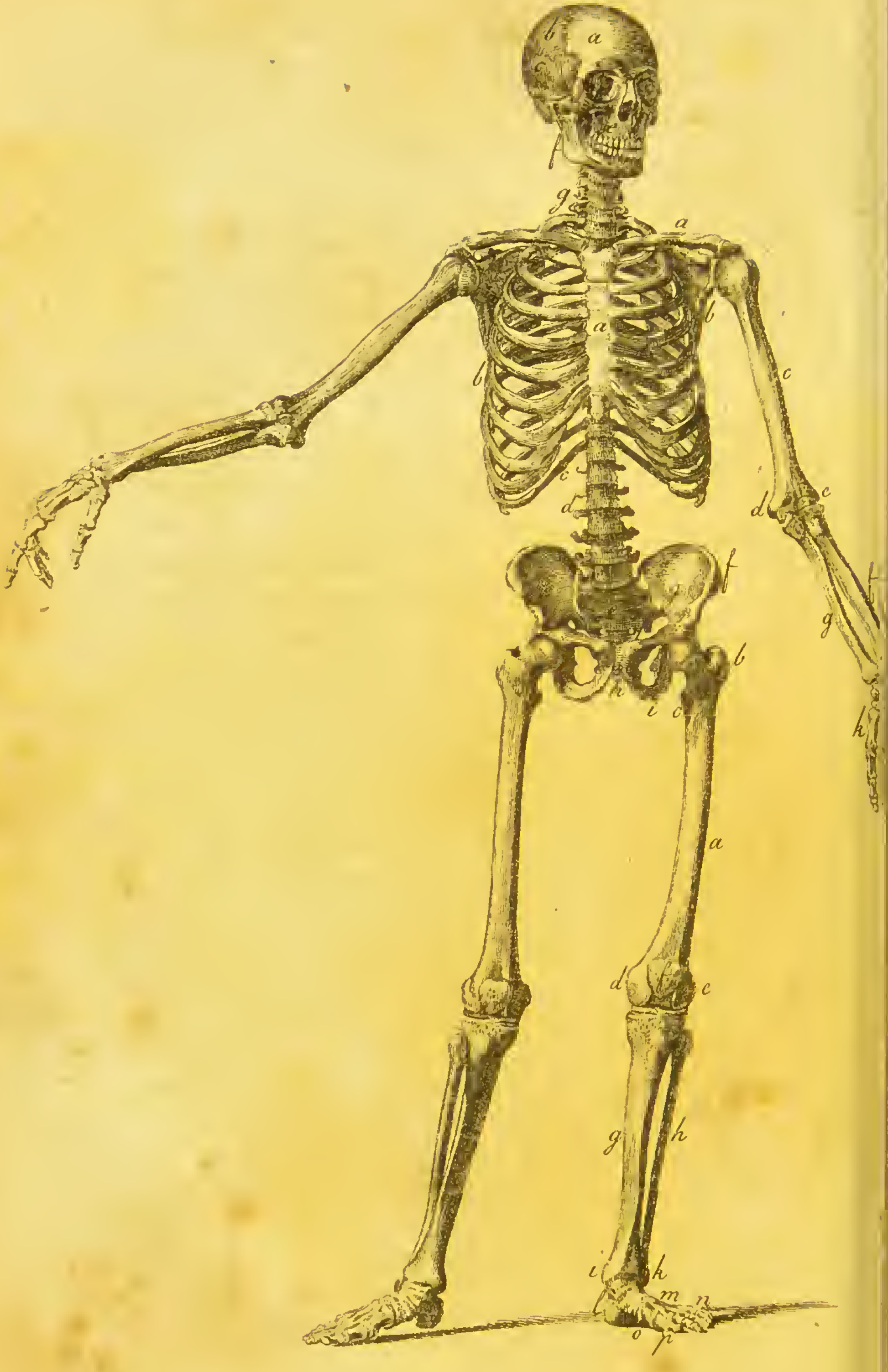
n, The three joints, or phalanges, of the four toes.

o, Metatarſal bone of the great toe.

p, The two joints of the great toe.

TABLE

TAB. I.



Thos. Donaldson delint. et sc

TABLE II.

THIS Table repreſents the firſt Layer of Muſcles ſituated on the anterior part of the whole Body, immediately under the common Teguments, and tendinous Faſciæ.

MUSCLES *ſituated on the* HEAD *and* NECK.

a, The anterior fleſhy belly of the occipito-frontalis ſituated on the os frontis.

Above *a*, the tendinous aponeuroſis of the occipito-frontalis, covering the upper part of the parietal bones.

b, Attollens aurem.

Under it, the tendinous aponeuroſis covering the temporal muſcle.

Anterior auris between *c* and the ear.

c, Orbicularis palbebrarum.

Its tendon is ſeen at the inner canthus, fixed to the naſal proceſs of the ſuperior maxillary bone.

Levator labii ſuperioris alæque naſi.

Seen divided into two portions running down along the ſide of the noſe; and on the outſide of it, the levator anguli oris.

Next this, the

Zygomaticus minor.

Further outwards,

Zygomaticus major.

On the ala and tip of the noſe, the

Compreſſor naris.

d, Depreſſor anguli oris.

And beneath it, a portion of the depreſſor labii inferioris.

e, Orbicularis oris.

f, Platyſma-myoides.

Behind *f*, the ſterno-cleido-maſtoidæus is ſeen thro' the platyſma-myoides.

TRUNK.

a, Pectoralis major.

The upper part of it is covered by the origin of the platyſma-myoides.

b, Serratus magnus.

The other portions reſemble this.

c, Latiſſimus dorſi.

d, Obliquus externus deſcendens.

e, Linea ſemilunaris.

f, Linea alba.

Below *f*, umbilicus.

Between *e* and *f*, the rectus abdominis; and, at the inferior part of the linea alba, oppoſite to *g*, the pyramidales appear through the tendons of the oblique muſcles.

g, Ring of the external oblique muſcle; with the ſpermatic chord, paſſing through it, and covered by the cremaſter muſcle.

SUPERIOR EXTREMITY.

a, Deltoides.

Above the clavicle, a portion of the trapezius is ſeen.

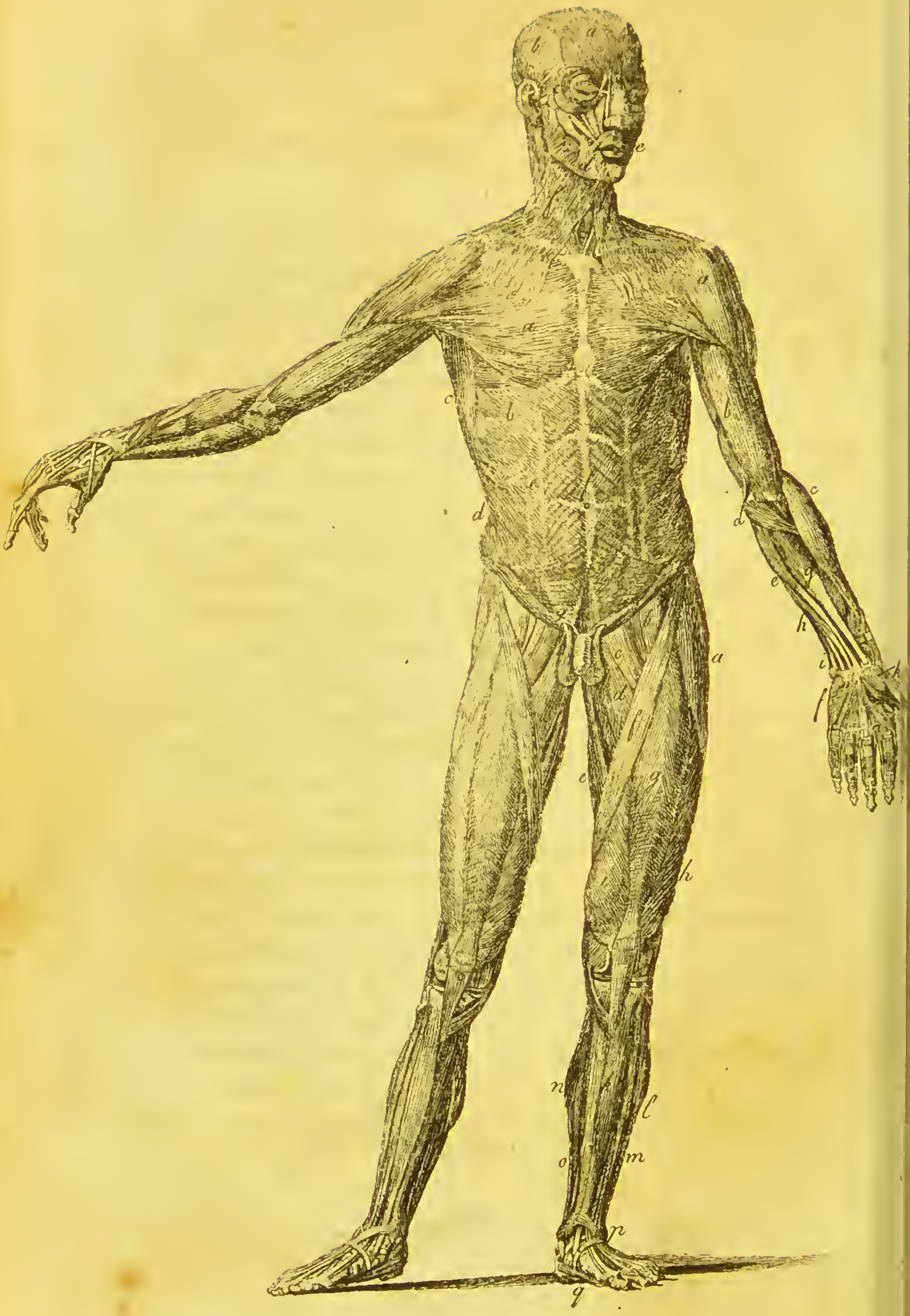
b, Biceps flexor cubiti.

At the bending of the arm are ſeen its tendon going towards the radius, and the part, from which the tendinous aponeuroſis that covers the fore-arm, cut off.

On the inſide of the biceps, part of the triceps extenſor cubiti; and, on the outſide, part of the brachialis internus.

c, Supinator radii longus.

TAB. 11



Thos. Donaldson delint.

d, Pronator teres.
e, Palmaris longus.
f, Palmaris brevis.
On the palm of the hand, the aponeuroſis palmaris is ſeen extended from the annular ligament at the wriſt, to the roots of the metacarpal bones of the four fingers.
g, Flexor carpi radialis.
h, Part of the flexor ſublimis perforatus.
i, Inſertion of the flexor carpi ulnaris.
k, Abductor pollicis.

INFERIOR EXTREMITY.

a, Tenſor vaginæ femoris, the vagina or tendinous faſcia being cut off,
On the outſide of it, a portion of the glutæus maximus.
b, Part of the iliacus internus.
On the inſide of it, between *b* and *c*, part of the pſoas magnus.
c, Pectinalis.
d, Triceps longus.
e, Gracilis,
f, Sartorius.
g, Rectus cruris.
Its tendon is ſeen inſerted into the patella, from which a ſtrong tendon is ſent to be fixed to the tubercle of the tibia.
h, Vaſtus externus.
i, Vaſtus internus.
k, Tibialis anticus.
l, Peronæus longus.
On the outſide of it, a portion of the ſolæus.
m, Extenſor longus digitorum pedis, with the peronæus tertius, and extenſor proprius pollicis pedis.
n, Gaſtrocnemius externus, ſeu Gemellus.
o, Solæus

p, Ligamentum tarſi annulare.
q, Abductor pollicis pedis.

T A B L E III.

THIS Table repreſents the Second Layer of Muſcles on the anterior Part of the whole Body.

MUSCLES *ſituated on the* HEAD *and* NECK.

a, Corrugator ſupercilii.
b, Temporalis.
c, Maſſeter.
d, Levator anguli oris.
e, Buccinator.
f, Orbicularis oris.
Oppoſite to the right ala naſi, the portion of this muſcle which Albinus names
Naſalis labii ſuperioris.
g, Depreſſor labii inferioris.
h, Sterno-cleido-maſtoidæus, which is
Seen below, ariſing from the ſternum and clavicle, by two heads.
i, Sterno-hyoidæus.
On the outſide of it, the
Omo-hyoidæus.
Further out, a portion of the
Hyo-thyroidæus.
k, Levator ſcapulæ.

TRUNK.

a, Subclavius.

b, Pectoralis minor.
c, Serratus magnus.
d, Rectus abdominis, divided into ſeveral fleſhy portions by its tendinous interſections.
e, Pyramidalis.
f, Obliquus aſcendens internus.
g, Spermatic cord, with the origin of the cremaſter muſcle.

SUPERIOR EXTREMITY.

a, Biceps flexor cubiti.
b, Short head of the biceps.
Beneath the upper part of it, a portion of the coraco-brachialis.
Beneath the under part, a portion of the brachialis internus.
c, Long head of the biceps.
At the bending of the arm, the tendon of the biceps, and the place where the tendinous aponeuroſis was cut from it, are ſeen.
d, Extenſor carpi radialis longior.
Beneath it a portion of the
Extenſor carpi radialis brevior.
e, Flexor ſublimis perforatus.
f, Inſertion of the extenſor carpi ulnaris.
g, Extenſors of the thumb.
h, Opponens pollicis.
On the inſide of it, a portion of the
Flexor pollicis brevis.
i, Tendon of the flexor longus pollicis manus, after paſſing through the flexor brevis pollicis manus.
k, Abductor minimi digiti manus.
l, Flexor parvus minimi digiti manus.
m, Ligamentum carpi annulare.

INFERIOR EXTREMITY

a, Iliacus internus.
Between *a* and *b*, part of the pſoas magnus.
b, Pectinalis.
c, Triceps longus.
d, Gracilis.
e, Rectus cruris cut off near its origin.
f, Tendon of the rectus cruris cut off above the patella, from which a ſtrong tendon is ſent to be inſerted into a tubercle of the tibia.
g, Portion of the glutæus medius.
On the inſide of it, part of the glutæus minimus.
h, Vaſtus internus.
i, Vaſtus externus.
k, Cruræus.
l, Inſertion of the biceps flexor cruris into the fibula.
m, Tendons of the gracilis and ſemitendinoſus inſerted into the tibia.
n, Solæus.
o, Peronæus longus.
p, Extenſor longus digitorum, with the peronæus tertius on the outſide, and extenſor pollicis proprius on the inſide.
q, Solæus.
r, Flexor longus digitorum.
ſ, Tendons of the tibialis poſticus and flexor longus digitorum pedis.
t, Flexor brevis digitorum pedis.

TAB. III

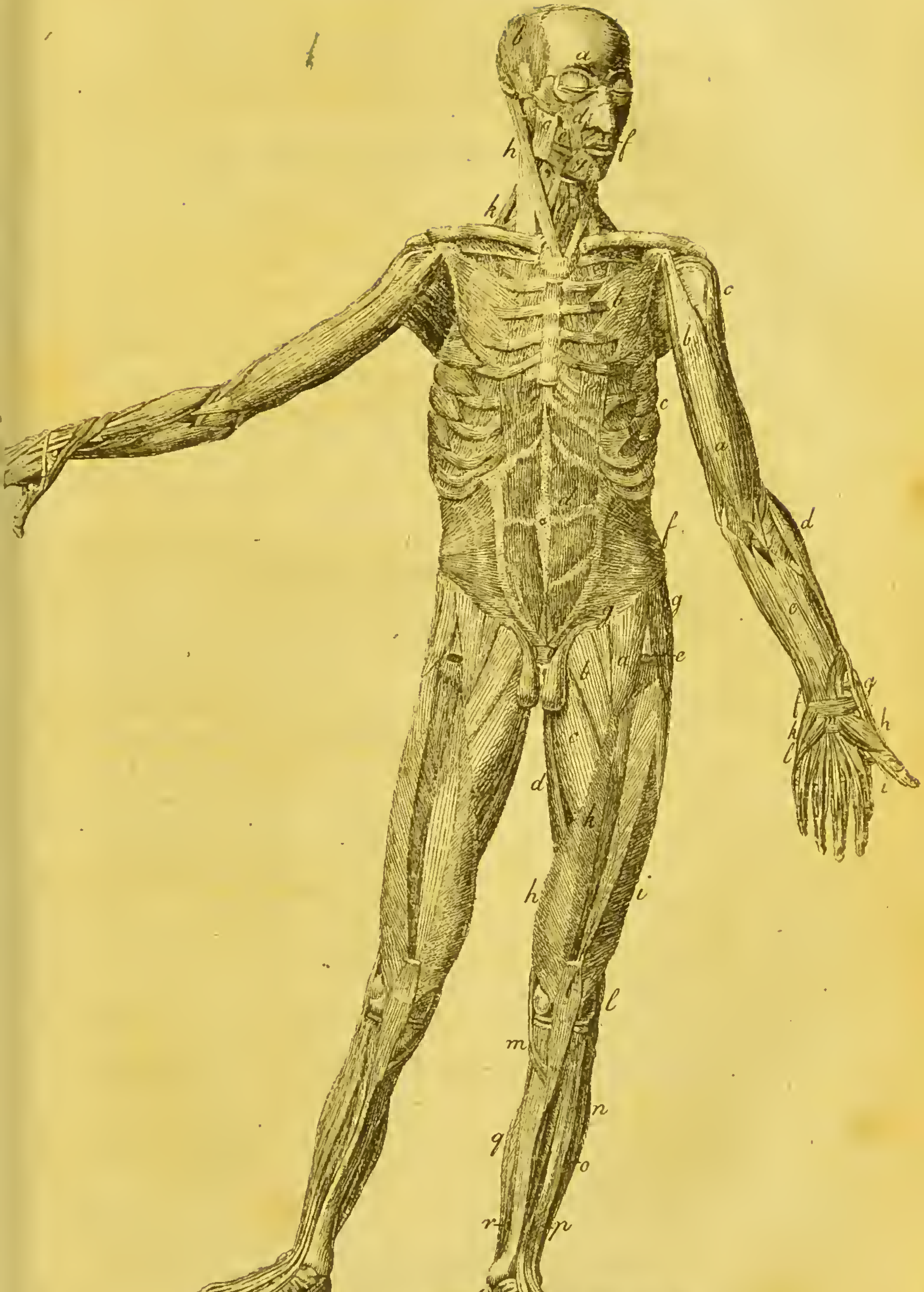


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TABLE IV.

Fig. 1.

THIS Figure repreſents the right Eye-ball, the ſix Muſcles which move it, taken out of the Orbit, with the Optic Nerve.

a, The eye-ball.
b, Optic nerve.
c, Muſculus trochlearis, ſeu obliquus ſuperior.
d, The trochlea, or pulley, with a bit of the os frontis, through which the tendon of the muſcle paſſes towards the eye-ball.
e, Obliquus inferior, with a bit of the ſuperior maxillary bone, from whence it ariſes.
f, Levator oculi.
g, Depreſſor oculi.
h, Adductor oculi.
i, Abductor oculi.

Fig. 2.

Repreſents the anterior Part of the Cartilage of the right Ear, with its proper Muſcles.

a, Helicis major.
b, Helicis minor.
c, Tragicus.
d, Antitragicus.
Tranſverſus auris, vid. Tab. viii. Fig. 3.

Fig. 3.

Repreſents the third Layer of Muſcles, with ſome of the Ligaments, Cartilages, and naked Bones on the anterior Part of the whole Body.

a, Depreſſor labii ſuperioris alæque naſi.
b, Orbicularis oris, after moſt of the muſcles, which are fixed to it, and aſſiſt to form it, have been taken away.
c, Buccinator.
Above *c*, part of the pterygoidæus externus is ſeen paſſing behind the coronoid proceſs of the lower jaw.
d, Levator labii inferioris.
e, Sterno-thyroidæus.
Immediately above, and ſeemingly the continuation of it, the
Hyo-thyroidæus.
f, Scalenus medius.
Contiguous to it, on the inſide, the
Scalenus anticus.
Above it, a portion of the
Trachelo-maſtoidæus.
Between the ſcalenus anticus, and ſterno-thyroideus, and hyo-thyroidæus, the
Rectus capitis anterius major, and
Longus colli.

TRUNK.

a, Third row of external intercoſtal muſcles.
The reſt appear in the ſame manner between the other ribs.
b, Third row of internal intercoſtal muſcles.
The reſt appear between the other ribs.
c, Tranſverſalis abdominis.

d, The place from which the inferior part of the tendon of the tranſverſalis, that paſſes before the rectus and pyramidalis muſcles, is cut off.

Between theſe portions of each ſide, the peritonæum is laid bare, and the ligaments of the bladder which were formerly the umbilical arteries and urachus.

Between this portion and os pubis, the ſpermatic cord is ſeen cut.

e, The inferior edge of the upper part of the tendon of the tranſverſalis, which paſſes behind the rectus, and immediately adheres to the peritonæum.

f, The anterior lamella of the internal oblique, which joined the tendon of the external to paſs over the rectus.

Between *f* and *g*, the poſterior lamella of the internal oblique, joining with the tendon of the tranſverſalis, to paſs behind the rectus.

g, The place at the linea alba, from which the tendon of the external oblique, and anterior lamella of the internal, were cut off.

At *g*, Umbilicus.

SUPERIOR EXTREMITY.

a, Subſcapularis.

b, Teres minor.

c, Coraco-brachialis.

The part from which the ſhort head of the biceps flexor cubiti was cut off from it, is ſeen at its upper end.

d, Brachialis internus.

e, Brachialis externus, or third head of the triceps.

f, Extenſor carpi radialis longior, and with it the extenſor carpi radialis brevior.

Both theſe are diſtinctly ſeen in the right hand.

Between the tendon of the brachialis internus and extenſor radialis, the

Supinator radii brevis is ſeen.

g, Flexor

g, Flexor longus pollicis manus, with the fleſhy portion of it which ariſes from the internal condyle of the os humeri.

h, Flexor profundus perforans, which ſplits into four tendons, which paſs under the ligamentum carpi annulare.

i, Pronator quadratus.

k, Adductor minimi digiti manus.

l, One of the lumbricales.

The other three appear in the ſame manner, along the tendons of the flexor profundus.

Behind theſe, the internal interoſſei are ſeen.

INFERIOR EXTREMITY.

a, Glutæus minimus.

b, Iliacus internus.

On the inſide of it, between *b* and *c*, the pſoas magnus.

c, Obturator externus.

d, Adductor brevis femoris.

e, Adductor magnus femoris.

f, Gracilis; which is

Seen inſerted into the inſide of the head of the tibia.

g, The ſhort head of the biceps flexor cruris.

h, Peronæus longus.

i, Peronæus brevis.

Between theſe two peronæi and tibia, the tibialis poſticus is ſeen.

k, Tendon of the tibialis poſticus, covering the tendon of the flexor longus digitorum pedis.

l, Extenſor brevis digitorum pedis.

Fig.

TAB. IV

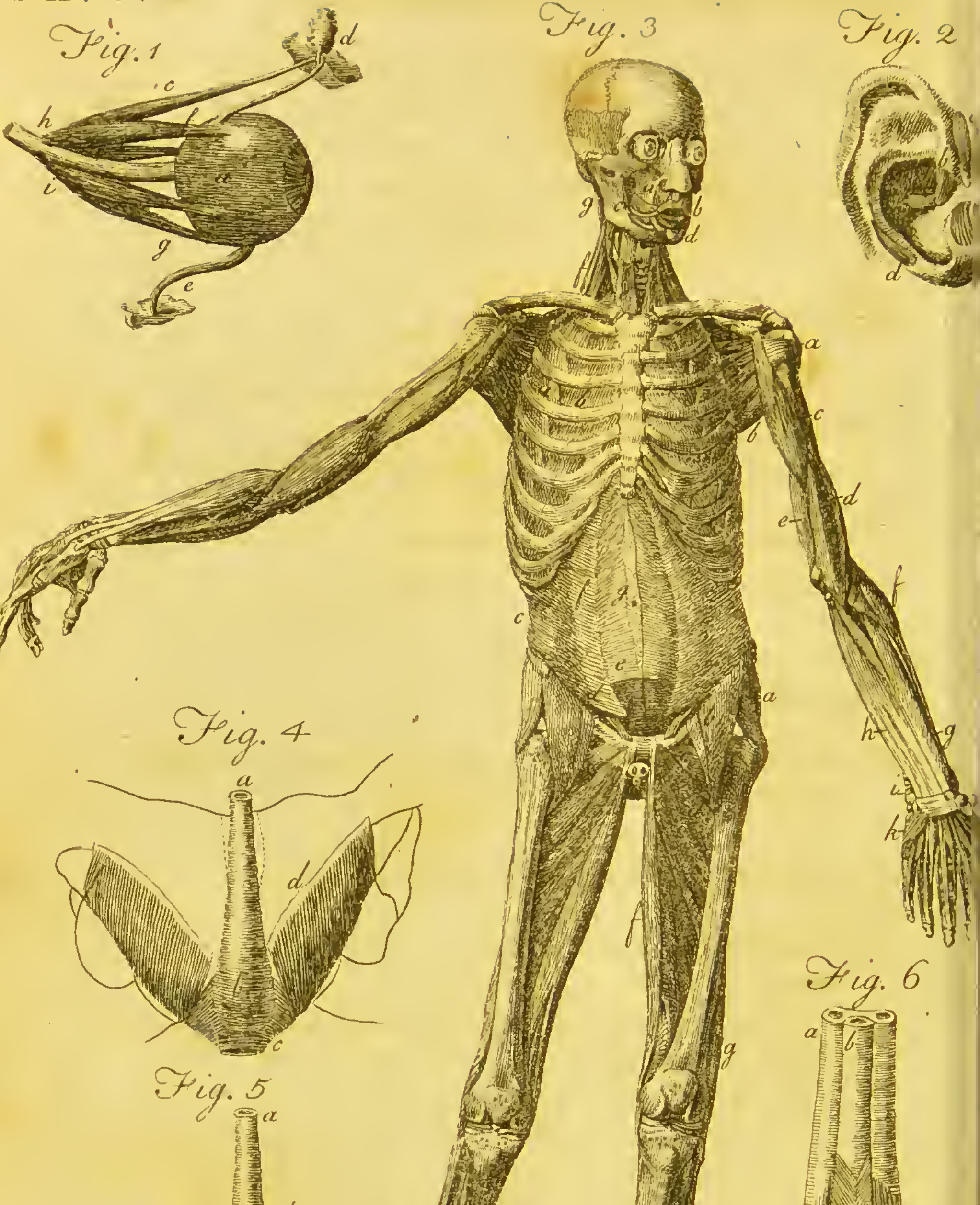

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Fig. 4.

Repreſents the Levatores Ani cut off from the Bones before, with their Connection to the Extremity of the Rectum, and Bulb of the Urethra.

a, The urethra, and its corpus cavernoſum cut off.
b, Bulb of the urethra.
c, The circular fibres which ſurround the verge of the anus; by ſome named *ſphincter internus*.
d, The anterior edge of the levator ani, cut off from the os pubis, and ſide of the pelvis.

Fig. 5.

Repreſents the anterior Part of the Sphincter Ani, and Bulb of the Urethra.

a, The urethra, and its corpus cavernoſum cut.
b, Bulb of the urethra.
c, Left half of the ſphincter ani, running obliquely upwards, to join with the right half.
d, The acute portion, which is inſerted into the perinæum.

Fig. 6.

Repreſents the Corpora Cavernoſa of the Penis, Corpus Cavernoſum Urethræ, Acceleratores Urinæ, Tranſverſales, and Erectores Penis.

a, Corpus cavernoſum penis cut.
b, Urethra, and its corpus cavernoſum cut.

c, Erector penis covering the crus.
d, Tranſverſalis penis.
e, Accelerator urinæ.
f, Tranſverſalis penis alter, running along the inſide of the left erector penis.

TABLE V.

REPRESENTS a Back View of the Human Skeleton, with ſome of the Ligaments and Cattilages which connect the Bones.

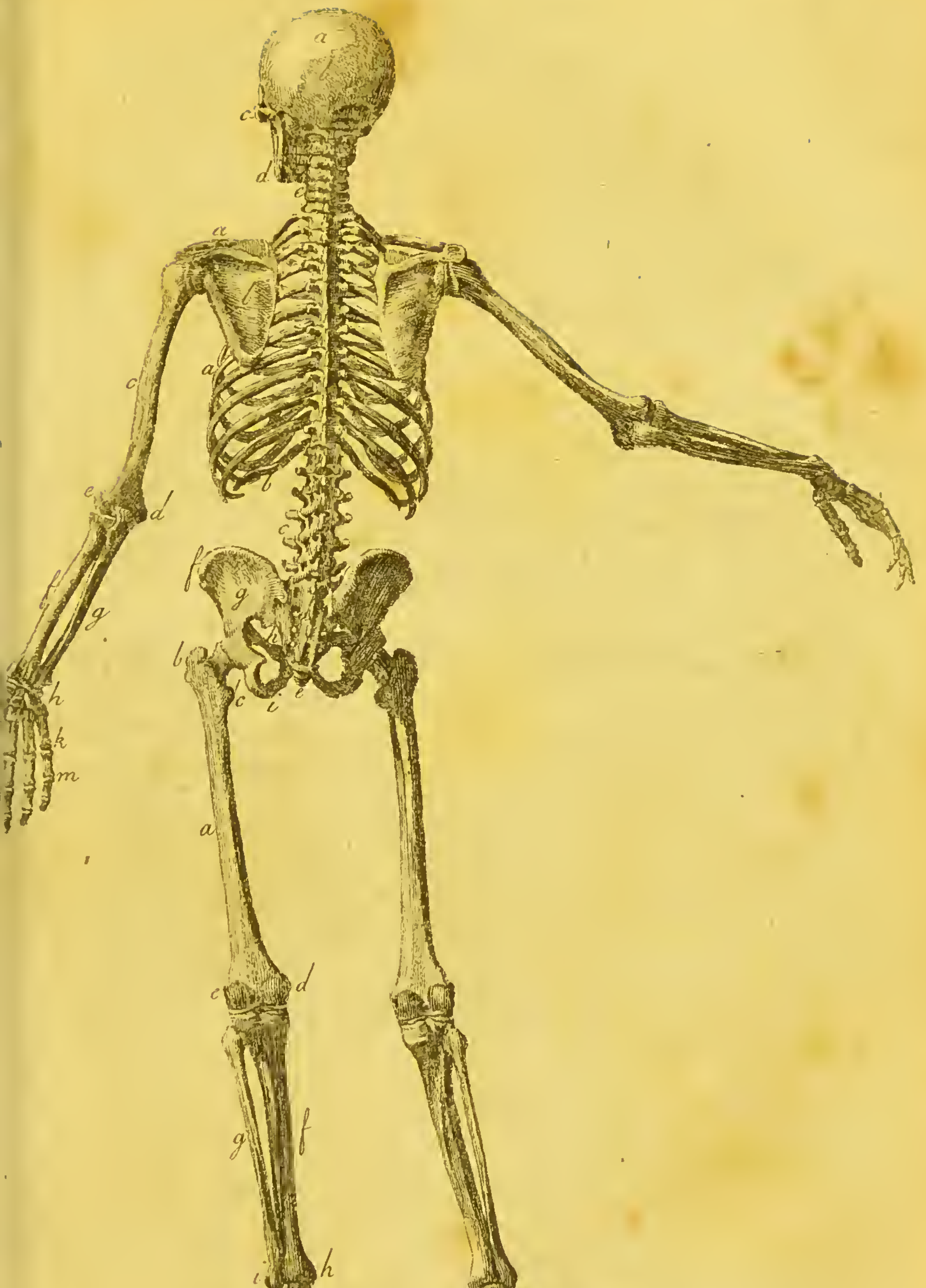
HEAD *and* NECK.

a, Os parietale, joined to its fellow by the ſagittal ſuture.
b, The os occipitis, joined to the parietal bones by the lambdoid ſuture, which is between *a* and *b*.
c, Os malæ.
d, Maxilla inferior, with a view of the teeth of both jaws from behind.
e, The ſeven cervical vertebræ.

TRUNK.

a, The ſeventh, or laſt true rib.
b, The twelfth, or laſt rib.
c, The five lumbar vertebræ.
d, Os ſacrum.
e, Os coccygis.
f, Os innominatum, divided into
g, Os ilium.
h, Os pubis.
i, Os iſchium.

TAB. V.



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SUPERIOR EXTREMITY.

a, The clavicle, joined outwards to the acromion of the ſcapula.
b, The ſcapula.
c, Os humeri.
d, Internal condyle.
e, External condyle.
f, Radius.
g, Ulna, its upper end, named *olecranon;* and near the wriſt, its ſtyloid proceſs.
h, The eight bones of the carpus.
i, The metatarſal bone of the thumb.
k, The metatarſal bones of the four fingers.
l, The two joints of the thumb.
m, The three joints or phalanges of the four fingers.

INFERIOR EXTREMITY.

a, Os femoris.
b, Trochanter major, and at the inſide of it the cervix.
c, Trochanter minor.
d, Internal condyle.
e, External condyle.
f, Tibia.
g, Fibula.
h, Malleolus internus.
i, Malleolus externus.
k, The ſeven bones of the tarſus.
l, The metatarſus.
m, The joints or phalanges of the toes.

TABLE VI.

REPRESENTS a Back View of the Muſcles which are immediately ſituated below the common Integuments.

HEAD *and* NECK.

a, Part of the occipito-frontalis muſcle, with its aponeuroſis.
b, Attollens aurem.
c, Anterior auris.
d, Retrahentes auris.

TRUNK.

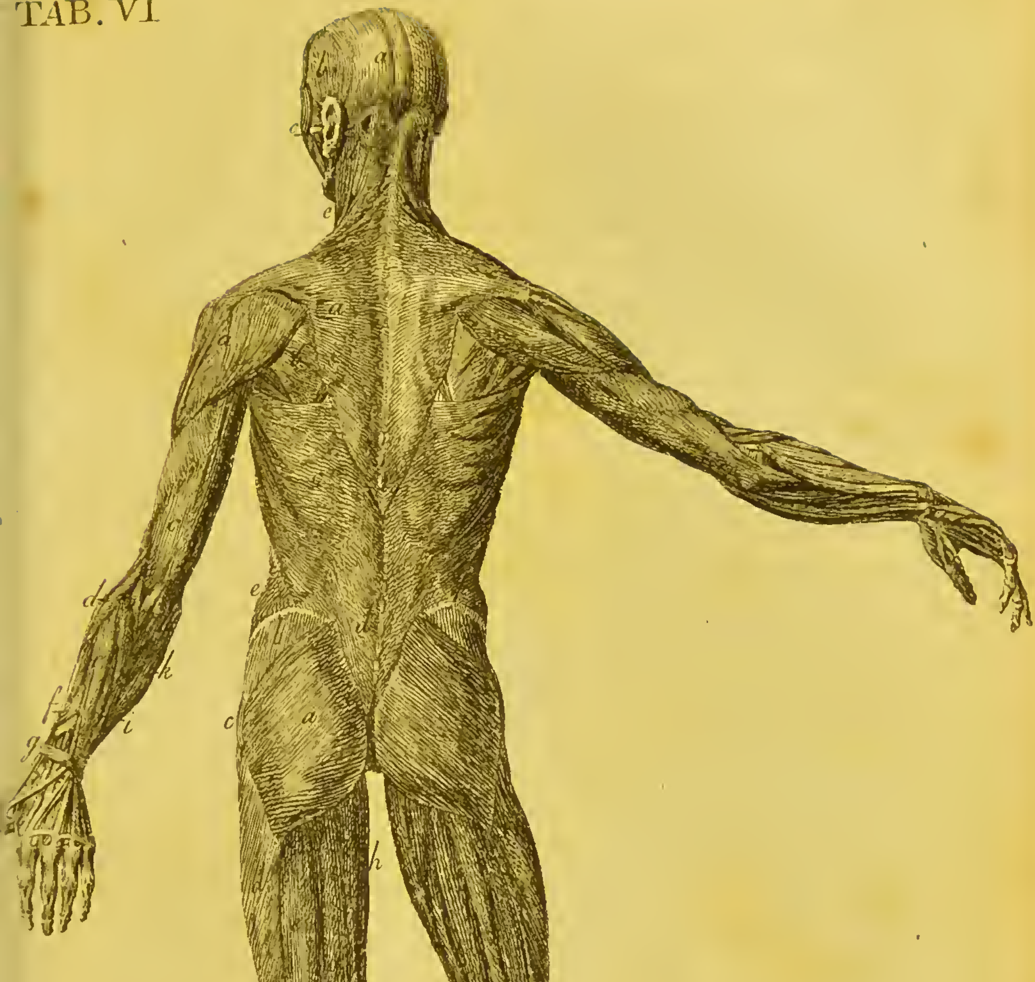
a, Trapezius, ſeu cucularis.
b, Its tendinous joining with its fellow in the nape of the neck, which is called *ligamentum nuchæ* ſeu *colli*.
c, The fleſhy belly of the latiſſimus dorſi.
d, The tendon of the latiſſimus dorſi, which ariſes in common with the ſerratus poſticus inferior.
e, Part of the obliquus externus abdominis.

SUPERIOR EXTREMITY.

a, Deltoides.
b, Infraſpinatus, with a portion of the teres minor and major below it.
c, Triceps extenſor cubiti.

Its tendon is ſeen inſerted into the head of the ulna, called

TAB. VI.



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called *olecranon;* and, on the inſide of it, the *anconæus.*

d, Extenſor carpi radialis longior, covered by a portion of the ſupinator radii longus; and, under it, a portion of the extenſor carpi radialis brevior.

e, Extenſor digitorum communis manus, which ſplits into four tendons, and paſs, with the indicator, under the ligamentum carpi annulare externum, at the extremities of the metacarpal bones, under ligaments proper to themſelves; and are loſt in a broad tendon, which covers the back of the four fingers.

f, Extenſor oſſis metacarpi pollicis manus.

g, Extenſor primi internodii pollicis manus.

h, Extenſor ſecundi internodii pollicis manus.

i, Extenſor carpi ulnaris.

k, Part of the flexor carpi ulnaris.

Under it, part of the

Flexor profundus perforatus.

And on the inſide, part of the

Flexor ſublimus perforatus, which are more diſtinctly ſeen on the right fore-arm. Likewiſe, on the right hand, are ſeen part of the abductor pollicis manus, abductor minimi digiti manus, and the aponeuroſis palmaris.

INFERIOR EXTREMITY.

a, Glutæus maximus.

b, Part of the glutæus medius.

c, Part of the tenſor vaginæ femoris.

d, Vaſtus externus.

e, The long head of the biceps flexor cruris:

And beneath it,

f, Part of the ſhort head.

g, Semitendinoſus:

And beneath it, on each ſide,

A portion of the ſemimembranoſus is ſeen.

h, Gracilis.

On the outſide of it,
A portion of the adductor magnus is ſeen.
i, A ſmall part of the vaſtus internus.
k, Gaſtrocnemius externus, ſeu gemellus:
And within its outer head,
A portion of the plantaris.
l, Solæus ſeu gaſtrocnemius internus.
m, Tendo Achillis, with the plantaris.
n, Peronæus longus.
o, Peronæus brevis, between it and the tendo Achillis, a portion of the flexor longus digitorum pedis.
p, Tendons of the extenſor longus digitorum pedis, with the peronæus tertius paſſing under the ligamentum tarſi annulare; and the flexor brevis digitorum pedis is ſeen beneath them.
q, Abductor minimi digiti pedis; and above it the tendons of the peronæus longus and brevis, paſſing under proper ligaments of their own.

TABLE VII.

REPRESENTS the ſecond Layer of the Muſcles on the Back part of the Body.

HEAD *and* NECK.

a, Temporalis; its tendon is ſeen paſſing below the zygoma.
b, Maſſeter.
c, Splenius capitis et colli.
d, Portion of the complexus.
e, Levator ſcapulæ, ſeu muſculus patientiæ.

TRUNK.

TRUNK.

a, Rhomboides major.
b, Rhomboides minor:
And immediately above it, the upper edge of the ſerratus poſticus ſuperior is ſeen.
c, The ſerratus poſticus ſuperior on the right ſide.
d, Serratus poſticus inferior.
e, Part of the ſpinalis dorſi.
f, Part of the longiſſimus dorſi.
g, Part of the ſacro-lumbalis.
h, Serratus magnus.
i, The broad tendon, by which the latiſſimus dorſi begins, and from which the tendon of the ſerratus poſticus inferior is inſeparable.
k, Part of the obliquus internus aſcendens abdominis.
l, The ſphincter ani, fixed to the point of the os coccygis; at the ſide of which the coccygæus, and a portion of the levator ani, are ſeen; and lower down, oppoſite to *l*, part of the tranſverſalis penis.

SUPERIOR EXTREMITY.

a, Supra-ſpinatus.
b, Infra-ſpinatus.
c, Teres minor.
d, Teres major.
e, Triceps extenſor cubiti.
f, Its head, called *longus*.
g, The brevis: And,
h, A ſmall portion of the third head, named *brachialis externus*.
i The tendon of the triceps, inſerted into the olecranon.
k, Part of the brachialis internus.
l, Anconæus, which ſeems to be continued from that part of the brachialis externus immediately above it.
m, Extenſor carpi radialis longior; and beneath it, the brevior:

brevior: both are ſeen at the wriſt, inſerted into the metacarpal bones of the fore and middle fingers.

n, Flexor carpi ulnaris.

o, Part of the ſupinator radii brevis.

p, Extenſor oſſis metacarpi pollicis manus.

q, Extenſor primi internodii pollicis manus.

r, Extenſor ſecundi internodii pollicis manus.

ſ, Indicator, inſerted into the root of the firſt joint of the fore-finger.

t, One of the three external interoſſei manus. The other two are diſtinctly ſeen without letters.

u, One of the tendons of the extenſors of the fingers cut; and the ſame is ſeen in each of the other three fingers, joining with the tendons and aponeuroſes of the interoſſei and lumbricales, and ſpread upon the back of the fingers.

N. B. On the right hand, part of the flexors of the fingers, the abductor pollicis, and minimi digiti, are ſeen.

INFERIOR EXTREMITY.

a, Glutæus medius.

b, Pyriformis.

c, The two muſcles called *gemini*, between which the tendon of the obturator internus paſſes over the tuberoſity of the os iſchium; and its fleſhy belly is ſeen within the pelvis, partly covered by the coccygæus and levator ani.

d, Quadratus femoris.

e, Vaſtus externus.

f, *f*, Parts of the triceps magnus.

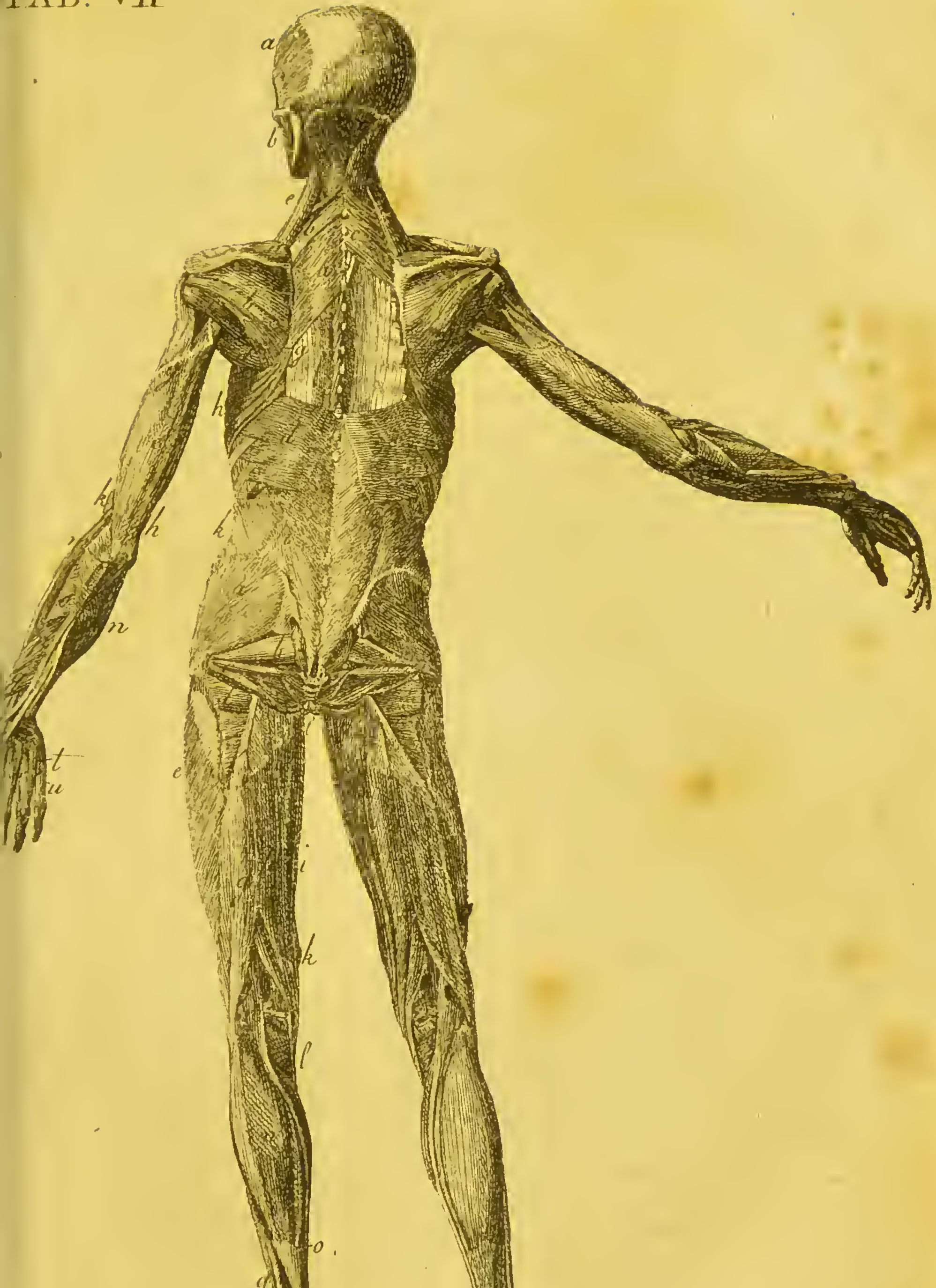
g, Long head of the triceps flexor cruris, and beneath it part of the ſhort head is ſeen.

h, Semitendinoſus, and beneath it parts of the ſemimembranoſus are ſeen on each ſide of it.

i, Gracilis.

k, A ſmall portion of the vaſtus internus.

TAB. VII



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l, Poplitæus.
m, The fleſhy belly of the plantaris; and its long ſlender tendon is ſeen paſſing over the inſide of the ſolæus.
n, Solæus.
o, The place where the tendon of the gemellus was cut off; but the fleſh of the ſolæus runs further down.
p, Tendo Achillis, with the plantaris.
q, Peronæus longus, paſſing at the outer ankle to the ſole of the foot; beneath it, the peronæus brevis to the root of the metatarſal bone of the little toe; and between it and the tendo Achillis, a portion of the flexor longus digitorum pedis.
r, Tendons of the extenſor longus digitorum pedis, with the peronæus tertius; and beneath theſe, the extenſor brevis digitorum pedis.
ſ, Flexor brevis minimi digiti pedis.

TABLE VIII.

Fig. 1.

REPRESENTS the third Layer of Muſcles on the poſterior Part of the Body, with ſome of the Ligaments and naked Bones.

MUSCLES *on the* HEAD *and* NECK.

a, Part of the buccinator.
b, Complexus.
c, Trachelo-maſtoidæus; on the outſide of it, the tranſverſalis colli.

d, Scalenus medius.
e, Scalenus poſticus.

TRUNK.

a, Spinalis dorſi; and beneath it, the multifidus ſpinæ.
b, Longiſſimus dorſi, which ſends off a fleſhy ſlip to the trachelo-maſtoidæus.
c, Sacro-lumbalis, with the cervicalis deſcendens ſent off from it along the ſide of the neck, and outſide of the tranſverſalis colli.
d, Semiſpinalis dorſi.
e, Tranſverſalis abdominis.

N. B. The ſpaces between the ſpinous proceſſes of the vertebræ have muſcular faſciculi between them, particularly thoſe of the neck; and are named *interſpinales colli*, *dorſi*, and *lumborum*; but thoſe of the back ſeem to be tendinous and ligamentous.

SUPERIOR EXTREMITY.

a, Teres major.
b, Part of the coraco-brachialis.
c, Part of the brachialis internus.
d, The third head of the triceps extenſor cubiti, called brachialis externus, after the longus and brevis have been cut off.
e, Extenſor radialis longior.
f, Extenſor radialis brevior.
g, Part of the flexor profundus perforans.
h, Supinator radii brevis.
i, Part of the adductor pollicis manus.
k, One of the three external interoſſei; the other two may be eaſily diſtinguiſhed without letters.
l, Tendons of the extenſors of the fingers, joining with thoſe of the lumbricales and interoſſei, which form a tendinous expanſion on the back of the four fingers.

N. B. On the right hand, part of the flexors of the fingers and thumb, part of the adductor pollicis, and the whole of the adductor minimi digiti, are ſeen.

INFERIOR EXTREMITY.

a, Glutæus minimus.
b, Obturator internus; its fleſhy belly is ſeen within the pelvis.
Beneath *b*, the tendon of the obturator externus.
c, Semimembranoſus.
d, The ſhort head of the biceps flexor cruris.
e, Triceps magnus.
f, Gracilis.
In the ham, the origins of the two heads of the gaſtrocnemius externus and plantaris are ſeen.
g, Poplitæus.
h, Tibialis poſticus.
i, Flexor longus digitorum pedis.
k, Flexor pollicis longus.
l, Peronæus longus, running down to be inſerted into the metatarſal bone of the little toe.
Beneath it, the peronæus brevis, paſſing to the ſole of the foot.
m, Extenſor brevis digitorum pedis.
n, Part of the flexor longus digitorum pedis.

Fig. 2.

Repreſents the fourth Layer of Muſcles on the poſterior Part of the Neck.

a, Rectus capitis poſticus major.
b, Rectus capitis poſticus minor.
c, Obliquus capitis ſuperior.
d, Obliquus capitis inferior.
e, Scalenus medius.

f, Part of the multifidus ſpinæ, covered by the ſemiſpinalis colli.

Between the ſpinous proceſſes of the vertebræ, the interſpinales colli are ſeen double; becauſe theſe proceſſes are bifurcated.

Between the tranſverſe proceſſes, the poſterior row of the intertranſverſales colli is ſeen.

Fig. 3.

Repreſents a Portion of the poſterior Part of the Cartilage of the Ear, to ſhow,

a, Tranſverſus auris,

Situated on the parts oppoſite to the antihelix and ſcapha.

Fig. 4.

Repreſents an Outline of the Baſe of the Os Occipitis, and inſide of the Lower Jaw; with a View of the Muſcles which ſurround the back Part of the Larynx and Pharynx.

a, The upper part of the membrane of the pharynx.
b, The trachea, cut.
c, The œſophagus, cut.
d, The inner tranſverſe fibres of the œſophagus, laid bare.
e, The outer fibres deſcending obliquely backwards.
f, Conſtrictor inferior pharyngis.
g, Conſtrictor medius pharyngis.
h, The cornu of the os hyoides.
i, Conſtrictor ſuperior pharyngis.
k, The part of it which joins with the buccinator.
l, Stylo-pharyngæus.

Fig. 5.

Repreſents an Outline of the Inſide of the Os Pubis, Os Iſchium, and Back of the Os Coccygis, after the Os Sacrum and Ligaments have been taken away; with a poſterior View of the Levatores Ani, and Extremity of the Rectum, reſembling the Shape of a Funnel.

a, The anterior portion of the levator ani, viewed on its inſide within the pelvis, ariſing from the os pubis and upper part of the foramen thyroidæum.
b, Its origin from the ſpinous proceſs of the os iſchium.
c, The poſterior part ſeen on its outer ſide.
d, Its inſertion into the os coccygis, below which the fleſhy fibres are continued with its fellow.
l, The circular fleſhy fibres ſurrounding the extremity of the rectum, which authors name *ſphincter internus ani.*
m, The anus.

Fig. 6.

Repreſents an Outline of the Back of the Os Coccygis, and poſterior Part of the Sphincter Ani.

a, The inſertion of the ſphincter ani into the extremity of the os coccygis; to which, from
b, The anus,
The fibres meet from each ſide, in angles; which are more acute as they point upwards.

Fig. 7.

Repreſents the firſt Layer of Muſcles on the Sole of the Foot, after the Aponeuroſis Plantaris has been taken away.

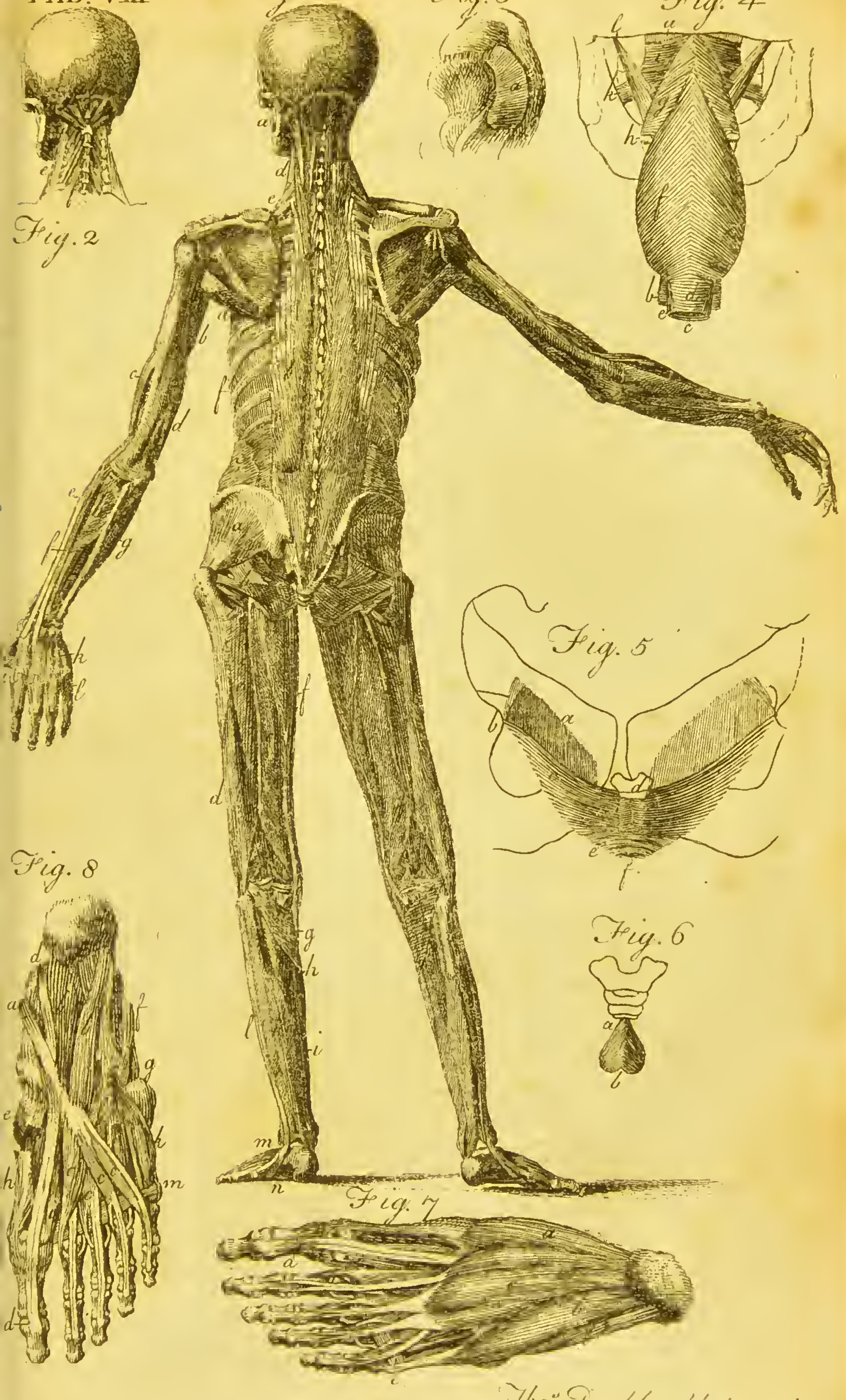
a, Abductor pollicis pedis.
bb, Abductor minimi digiti pedis.
c, Flexor brevis digitorum pedis, which ſplits into four tendons, and are perforated by the tendons of the flexor longus digitorum pedis.
Between theſe tendons the lumbricales are ſeen.
d, Tendon of the flexor pollicis longus:
And beneath it, the flexor pollicis brevis,
e, Tranſverſalis pedis.

Fig. 8.

Repreſents the ſecond Layer of Muſcles on the Sole of the Foot, after the Abductor Pollicis Pedis, and Abductor Minimi Digiti Pedis, and the Flexor Brevis Digitorum Pedis, have been taken away.

a, Tendon of the flexor longus digitorum pedis.
bb, Flexor acceſſorius, ſeu maſſa carnea Jacobi Sylvii.
cccc, The four lumbricales ariſing from the tendons of the flexor longus digitorum.
dd, Tendon of the flexor pollicis longus; and, in its progreſs, joins the tendon of the flexor longus digitorum pedis.
e, Tendon of the tibialis anticus.
f, Tendon of the peronæus longus.
g, Tendon of the peronæus brevis.

TAB. VIII



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h, Flexor pollicis brevis, with a portion of the abductor pollicis, on the inſide of the great toe.

On the outſide of *i*, is the adductor pollicis.

k, Flexor brevis minimi digiti pedis.

l, A ligament which ſupports the bones of the tarſus.

Before *l*, two of the interoſſei are ſeen.

m, Tranſverſalis pedis.

A

SYSTEM OF ANATOMY.

PART IV.

CONTAINING

An Enumeration of the CARTILAGES, LIGAMENTS, &c. of the JOINTS.

OF THE HEAD.

THE condyloid proceſſes of the os occipitis, the glenoid cavities or articular foſſulæ of the oſſa temporum, the eminences next theſe cavities, and the condyloid proceſſes of the lower jaw, are all covered over with very white and ſmooth cartilages; and there is likewiſe an interarticular or moveable cartilage in each articulation of the lower jaw with the temporal bones.

This cartilage is thick near the circumference; very thin and tranſparent, and ſometimes perforated in the middle. The lower ſide is uniformly concave, anſwering to the oblong convexity of the maxillary condyle; but the upper ſide is partly concave, and partly convex, ſuited to the foſſula and eminence of the temporal bone.

The remaining cartilages of the bones of the head, viz. the cartilaginous ſeptum, and other cartilages of the noſe, the ſmall cartilaginous pulley in each orbit, the cartilages of the outward ear, and thoſe which are joined to the os hyoides, muſt be referred to the deſcription of the viſcera.

The ligaments of the bones of the head are, Thoſe of the articulation of the lower jaw with the temporal bones; thoſe between the occipital bone and vertebræ of the neck; thoſe by which the os hyoides is connected to the ſtyloid proceſs.

The ligaments of the articulation of the lower jaw are very firm and ſtrong; and are fixed by one extremity round the glenoid cavity or articular foſſula and eminence of each temporal bone, by their middle round the interarticular cartilage, and by the other extremity round each condyle of the lower jaw, in ſuch a manner as to allow the intermediate cartilage to follow the motions of the condyles, and to change their ſituation from the glenoid cavities to the tubercles of the zygomatic proceſſes, and to return again, as was mentioned in the deſcription of the bones.——Beſides the ligaments of the articulation of this bone, another ſmall ligament is extended between the inner ſide of each angle of the jaw and the ſtyloid proceſs of the temporal bone.

The ligaments of the occipital condyles and ſuperior oblique proceſſes of the firſt vertebra of the neck, are—The circular ligament which ariſes from the inferior margin of the foramen magnum, to be fixed to the ſuperior margin of the firſt vertebra:——The capſular ligaments which ariſe from the edges of the condyloid proceſſes of the os occipitis, and are fixed to the edges of the ſuperior oblique proceſſes of the firſt vertebra:—The two lateral, or moderator ligaments, which are fixed by one end to the inner ſide of the firſt vertebra and to the os occipitis, and by the other end to the ſide of the proceſſus dentatus of the ſecond vertebra:—The perpendicular ligament, which ariſes from the point of the proceſſus dentatus, and is firmly inſerted to the anterior edge of the foramen magnum occipitis:—— The ligamentum nuchæ, which ariſes from the protuberance on the back part of the occipital bone, and deſcends over the ſpinous proceſſes of the vertebræ of the neck, to which it ſtrongly adheres.

The bones of the head, as well as all the other bones of the body, are covered by a particular membrane; of which that part which belongs to the ſkull is termed *pericranium;* and that which covers the bones of the face, or of the two jaws, is called ſimply *perioſteum.*

The ſynovial ſubſtances of the occipital and maxillary articulations, have nothing particular to them.— They are proportioned to the joints to which they belong, and lie between the capſular ligaments and circumference of the cartilages.

OF THE TRUNK.

THE cartilages of the vertebræ in general are of two kinds; one proper to each vertebra, the other common to the two vertebræ that lie next each other. The firſt may be termed *cartilages of articulation;* the others, *cartilages of ſymphyſis.*

The proper articular cartilages of each vertebra of the ſpine, are thoſe four which cover the ſurfaces of the oblique proceſſes. In the natural ſtate they are very white and ſmooth, and much thicker than in dry bones. Their circumference is the ſame with that of the articulated ſides of the proceſſes, except in thoſe places where there are ſmall ſuperficial notches. In the firſt vertebra of the neck and vertebræ of the loins theſe cartilages are thicker than in the reſt.

The cartilages of the two inferior oblique proceſſes of the firſt vertebra, and of the two ſuperior oblique of the ſecond, ſeem to be diſproportionate, though not ſo much as in dry bones; and in ſome ſubjects we find moveable or interarticular cartilages between the proceſſes of theſe two vertebræ.

The firſt vertebra of the neck has a cartilaginous covering on the back part of the anterior arch, correſponding with another on the fore-ſide of the proceſſus dentatus of the next vertebra; ſo that each of theſe two vertebræ has five articular cartilages, beſides the interarticular ones already mentioned.

The vertebræ of the back, beſides the four cartilages of their oblique proceſſes, have others which do not belong to their articulations with each other, viz. thoſe that cover the lateral foſſulæ in the bodies of theſe vertebræ, and the foſſulæ of their tranſverſe proceſſes, by both of which they are articulated with the ribs.

The cartilages of ſymphyſis lie between the bodies of the vertebræ, uniting them cloſely together; the breadth and circumference of them anſwering exactly to that of the ſurfaces to which they are connected; but their height or thickneſs is different in each claſs of the vertebræ. Between the vertebræ of the loins, they are a quarter or third part of an inch in thickneſs, according to the ſize of the ſubject: In thoſe of the neck, they are not ſo thick; and the thinneſt of all are between the vertebræ of the back.

Theſe cartilages are not of an equal thickneſs in all their parts. Thoſe on the neck and loins appear to be thickeſt on the foreſide, and thoſe of the back rather thickeſt on the back-ſide; but theſe differences are moſt remarkable in the vertebræ that lie near the middle of each claſs.

The internal ſtructure of theſe cartilages is different from that of all the other cartilages of the body, and indeed they reſemble the reſt in nothing but in whiteneſs and elaſticity. When we view their circumferences only, they ſeem to be one uniform maſs as the others generally are; but when they are divided by an inciſion parallel to that ſurface of the vertebræ to which they are joined, we ſee they are compoſed of many cartilaginous concentrical rings contained within each other, a ſmall diſtance being left between them. The outer part of theſe cartilages is the moſt ſolid and hard; and they gradually become ſofter, till at laſt they are almoſt in the form of a glairy liquor in the centre.

Theſe rings do not form an entire circumference; being turned inwards on the back-ſide, anſwering to the poſterior cavity in the body of each vertebra. They lie horizontally, between the vertebræ. The interſtices of the rings are filled with a mucilaginous ſubſtance, leſs fluid than that of the joints. Each lamina taken ſeparately is very pliable according to its length; but taken together, they are not ſo eaſily bent, partly becauſe of their circular figure, and partly becauſe of their vicinity and multiplicity. They yield, however, in the inflections of the ſpine; and their external ſurface, which is the ordinary ſituation of the ſpine, is even with the ſurface of the vertebræ, becomes prominent or juts out on that ſide toward which the inflection is made, the cartilages being then compreſſed by the vertebræ.

They likewiſe yield on all ſides, without any inflection of the ſpine, to the weight of the upper part of the body; but this is done by very ſmall and imperceptible degrees, and moſt of all when the body is loaded with any exterior weight.

They reſtore themſelves afterwards merely by being freed from compreſſion: So that a man is really taller after lying, than after he has walked or carried a burden for a length of time; the moſt natural and ſimple reaſon that can be given for the different height of the ſame perſon at different times, firſt obſerved in England, and afterwards confirmed by Mr Morand, a member of the Royal Academy of Sciences, being the different ſtate of the intervertebral cartilages. The intervertebral cartilages of the neck lying for the moſt part between the convex ſide of one vertebra, and the concave ſide of another, are of a greater extent in proportion to the ſize of theſe vertebræ, than thoſe of the back and loins. Without this convexity and hollowneſs in theſe vertebræ, which are the leaſt of all, the cartilages could not have been made large enough to be able to reſiſt ſtrains and great exertions.

The os ſacrum has no cartilage, excepting that between its upper end and the laſt vertebra of the loins, and thoſe by which it is connected with the oſſa innominata.

The intervertebral cartilages of this bone are for the moſt part entirely obliterated in the adult ſubject.

The cartilages which join the different portions of the os coccygis are preſerved in ſome ſubjects to a very great age, in others they ſoon become entirely oſſified.

The vertebræ are ſtrongly connected together by three kinds of ligaments. Each vertebra is connected to that above and below it by a great number of very ſhort and ſtrong ligaments, which croſs each other obliquely, and are fixed round the edges of the body of each vertebra. Theſe crucial ligaments cover the circumference of the intervertebral cartilages, and adhere cloſely to them. They ſeem to be looſer in the cervical and lumbar vertebræ, than in thoſe of the back; and by that means yield to the cartilages in the different flections of the ſpine already mentioned. The bodies of all the vertebræ, from the firſt of the neck to the os ſacrum, are covered by a ſtrong ligamentous band, which runs down chiefly over their anterior convex ſurface, and ſends off many proceſſes to be fixed to their ſpongy ſubſtance.

All the vertebræ are likewiſe ſtrongly connected by a ligamentous tube, which lines the inner ſurface of the medullary canal from the occipital hole to the os ſacrum, repreſenting a kind of ſtrong flexible funnel, its cavity at the upper part being equal to that of the occipital foramen, and ending in a ſmall point at the os ſacrum. This ligament is compoſed of ſeveral ſtrata of longitudinal and oblique fibres, interwoven together, adhering cloſely to the inſide of the ſpinal canal through its whole length, by a great number of filaments detached from it to the porous ſubſtance of the vertebræ.

The firſt vertebra is not only fixed to the os occipitis by a portion of this ligamentous funnel; but alſo by a diſtinct and very ſtrong ligamentous covering, which ſurrounds and adheres very cloſely to that funnel. This covering is fixed, above, round the great occipital foramen, where it begins to adhere to the funnel; and below, quite round the circumference of the firſt vertebra.

The ſecond vertebra has two ligaments peculiar to it; one which connects the proceſſus dentatus to the os occipitis; and another tranſverſe, which confines this proceſs within the anterior portion of the cavity of the firſt vertebra. The firſt may be termed the *perpendicular*, and the ſecond the *tranſverſe* ligament of the proceſſus dentatus.

The perpendicular ligament is very ſtrong and thick, and adheres in a very ſingular manner to the three planes of the apex of the proceſs; and is afterwards divided into two or three portions which are fixed in a ſimilar manner, in the anterior edge, of the foramen magnum, and in the inequalities of the cuneiform proceſs near that hole.

The tranſverſe ligament may be ſaid more juſtly to belong to the firſt vertebra, both ends of it being inſerted in the lateral impreſſions of the inner ſurface of that vertebra mentioned in the deſcription of the ſkeleton; but it is ranked among the ligaments of the ſecond vertebra, becauſe of its uſe, and becauſe of the inſertion of its middle portion.

This thick ligament is ſtretched from one ſide of the inner ſurface of the firſt vertebra to the other ſide, and prevents the proceſſus dentatus from wounding the ſpinal marrow in the circumgyration of the head. About the middle of the fore-ſide, its texture is very cloſe where the proceſſus dentatus plays upon it. Along the whole bony canal of the ſpine, between the baſis of each ſpinal proceſs, lies a flat and very elaſtic ligament, of a yellowiſh colour, which fills up the poſterior great notches of the vertebræ, adhering to their edges; and likewiſe to the neighbouring portions of the funnel or great ligamentous tube.

Between the extremities or apices of the ſpinal proceſſes we find ſmall ligamentous cords, which go from one ſpine to that next it; and which are really double, though they ſeem to be ſingle in the vertebræ of the back and loins.

Between all the ſpinous proceſſes, from their apices to the middle of their baſis, lies a ligamentous membrane paſſing between each two proceſſes; and thereby diſtinguiſhing the right ſide from the left. A ligament of the ſame kind is found between the tranſverſe proceſſes.

Theſe are intermuſcular ligaments or ligamentous ſepta, which divide the muſcles on oppoſite ſides, as will appear more particularly in deſcribing the muſcles.

The firſt kind may be termed *interſpinales*, the other *intertranſverſales*.

The articular ligaments of the ſpine are, Thoſe which tie the ſuperior oblique proceſſes of the firſt vertebra to the condyles of the os occipitis, thoſe that join the cartilaginous ſurface of the proceſſus dentatus to the anterior cavity of the firſt vertebra, and thoſe by which all the oblique proceſſes are connected together.

Theſe are ſmall, ſhort, ſtrong ligamentous faſciculi, fixed by both extremities round the cartilaginous ſurfaces of the proceſſes, ſurrounding very cloſely all the capſular ligaments of theſe articulations.

The vertebral ligaments of the ribs, or thoſe which connect the ribs to the bodies and tranſverſe proceſſes of the vertebræ of the back, are of the ſame kind, being inſerted round the cartilaginous foſſulæ in the body and proceſſes of each vertebra.

Beſides all theſe ligaments of the ſpine, there is one which goes in form of a membrane, from the os occipitis, all the way to the laſt two vertebræ of the neck.

It is broad at the upper part, and from thence diminiſhes gradually. By its upper broad extremity, it is fixed along the occipital ſpine; and, by one edge, in the poſterior tubercle of the firſt vertebra, between the two ſpinal furcæ of the following vertebræ, and in the apices of the ſpinal proceſſes of the loweſt vertebræ; but the other edge is looſe. This is a true intermuſcular ligament, and has the name of *ligamentum cervicale poſterius a nuchæ.* There are two lateral ligaments of the ſame kind, fixed to the tranſverſe proceſſes of the vertebræ of the neck.

OF THE STERNUM AND RIBS.

THE ſternum of an adult has commonly ſixteen cartilages; fourteen of which are articular, the other two ſymphyſes. Of the articular cartilages, two belong to the articulations of the clavicles; and twelve to thoſe of the true ribs, from the ſecond to the ſeventh incluſive. The two ſymphyſes are thoſe between the ſternum and the firſt rib on each ſide.

There is likewiſe another ſymphyſis, by which the upper portion of the ſternum is connected to the lower; the cartilage of which is often obliterated in an advanced age.

The cartilago enſiformis is often long toward the ſternum, and more or leſs cartilaginous at the other end. In very aged perſons it has been found entirely oſſified, and ſometimes wholly cartilaginous even in adults.

All the ribs have cartilaginous portions, which differ from each other in length, breadth, incurvation, adheſion, and in their extremities; all which were explained in the deſcription of the ſkeleton. We have only to obſerve here, that theſe cartilages are whiter, more poliſhed, broader, and thicker in the natural ſtate than when they are dried. The cartilages of the falſe ribs are naturally more ſlender and pliable than thoſe of the true ribs: the middle or inner ſubſtance acquires the conſiſtence of bones in old age; and their extremities ſometimes oſſify, and are immoveably fixed to the ſternum.

The ſternum has ſeveral ligaments, by which it is connected with the clavicles and ribs. It is joined to the clavicles by ſtrong ſhort ligaments, fixed by one extremity round the edges of its two ſuperior notches; by the other, to the extremity of each clavicle; and by the middle, to the interarticular cartilages, already explained; ſurrounding the particular ligaments which go between the edges of theſe cartilages and the ſternum, and the capſular ligaments between them and the clavicles.

All the ribs are connected to the bodies of the vertebræ by ſtrong ſhort ligamentous faſciculi, fixed by one end round the ſmall pits in the vertebræ, and by the other round the head of each rib. The ribs are likewiſe tied to each other by their ligaments, which go obliquely from the cartilage of each rib to that of the next. The ten uppermoſt ribs on each ſide are connected to the tranſverſe proceſſes of the vertebræ of the back by ſtrong ſhort articular ligaments, fixed to the tuberoſities of the ribs, and round the foſſulæ of the proceſſes, much in the ſame manner with thoſe that go between the heads of the ribs and bodies of the vertebræ. Both theſe articulations are provided with capſular ligaments. The eleventh rib on each ſide having no articulation with the tranſverſe proceſſes, is connected to them by auxiliary ſtrong ſhort ligaments fixed in its neck. The laſt rib is only joined by its head to the body of the twelfth vertebra of the back; but it is connected in a particular manner to the tranſverſe proceſs of the firſt vertebra of the loins by a broad ligament fixed to the whole upper edge of the proceſs, and to the lower edge of the rib for about two thirds of its length.

The firſt true rib has no ligamentous connection with the ſternum, the cartilaginous ſymphyſis being ſufficient. The reſt are cloſely joined to that bone by ſmall ligamentous portions, fixed by one end round the extremity of the cartilage, and by the other round the notches in the ſternum. On the upper and lower ſides of each articulation, theſe ligaments are very ſhort; but on the fore-ſide, they are expanded over the ſternum in a radiated manner.

The cartilage of the firſt falſe rib is joined to that of the laſt true rib by ſeveral ſhort filaments, which go from the lower edge of the one to the upper edge of the other, near its ſmall extremity. The other falſe ribs are connected together much in the ſame manner: with this difference only, that the filaments by which the fourth is connected to the third are longer than thoſe above them; and thoſe between the fifth rib and the fourth much longer than any of the reſt; and for this reaſon, theſe two ribs are leſs ſteady than any of the reſt.

The ligamentous expanſions of the vertebræ are in place of a perioſteum, both outwardly and inwardly. The ſternum and bony portions of the ribs have a perioſteum like the other bones. The cartilaginous portions of the ribs are covered by a membrane of the ſame kind, termed *perichondrium.* As the internal ſtructure of theſe bones is cellular or ſpongy, they contain only ſmall ſeparate portions of marrow, or a red medullary juice, like that in the vertebræ.

The ſynovial ſubſtances of all theſe articulations are very ſmall, but are accompanied by many other fatty moleculæ lying round each joint. The inner ſurface of the ligamentous tube, which lines the bony canal of the ſpine, is lubricated by an oily or adipoſe ſubſtance, which ſhall be mentioned hereafter.

OF THE PELVIS.

THE cartilages of the oſſa innominata are not ſo numerous as one might imagine on examining the ſkeleton. We are apt to think we ſee the dried remains of cartilages on the ſpines of the os ilium, on the tuberoſity of the os iſchium, and on the grooves and notches which give paſſage to the tendons of muſcles: but none of theſe incruſtations are true cartilages, being for the moſt part tendinous, aponeurotic, or ligamentous; which being dried, look more like cartilages than the true cartilages themſelves.

The cruſt which covers the ſpine of the os ilium is chiefly tendinous, and a ſmall part of it aponeurotic in adult bodies; but in children, and in very aged perſons, it appears cartilaginous. In children, the parts which are not completely oſſified, are eaſily taken for true cartilages; and in old age, the tendons are often hardened to ſo great a degree, as to have the very ſame apearance. The ſubſtance which covers the tuberoſity of the os iſchium is almoſt entirely tendinous; and that which lines the grooves and notches of the tendons is chiefly ligamentous.

The true cartilages of the oſſa innominata are five in number; three common, and two proper. The firſt and principal common cartilage is that which makes the ſymphyſis of the oſſa pubis. It reaches from the interval between the ſpines of theſe two bones to the angle formed by the crura where they begin to ſeparate. It is ſomething thicker or broader at its upper part than for a conſiderable ſpace lower down; but the inferior part is by much the broadeſt. It fills the angle already mentioned; and forms a kind of arch, which is more conſiderable in women than in men.

The two other common cartilages join the oſſa ilium to the os ſacrum, but are thinner than that of the oſſa pubis.

The proper cartilages are thoſe that line the acetabula. Concerning theſe, it has been already obſerved in the deſcription of the Skeleton, that in the edge of each there is a notch or opening between the anterior and inferior parts; and that, in the cavity itſelf, there is a broad unequal ſhallow depreſſion, reaching from the notch beyond the middle of the cavity. All the reſt of the ſurface is covered with a very white ſhining ſmooth cartilage, which terminates preciſely at the edge of the cavity.

The circumference of the acetabulum has, beſides, a border of a particular kind; the ſubſtance of which is neither wholly cartilaginous, nor wholly ligamentous; but it may be rather placed among the ligaments.

The ligaments of the oſſa innominata are of two kinds; common, and proper. The common ligaments are thoſe which go between theſe and the neighbouring bones, of which there is a conſiderable number, *viz.*

One ſuperior ligament, fixed by one end to the internal labium of the poſterior part of the ſpine of the oſſa ilium about an inch above the angle of that ſpine. It is about an inch in breadth, and is fixed by its other extremity to the whole inferior edge of the tranſverſe proceſs of the laſt vertebra of the loins.

One inferior and anterior, fixed by one end to the inner ſide of the angle of the ſpine of the os ilium; and by the other, to the ſuperior and anterior part of the firſt falſe tranſverſe proceſs of the os ſacrum. In this ligament there are tranſverſe openings, which make it appear more or leſs complex.

Several inferior and poſterior, fixed by one end along the internal labium of the tuberoſity of the ſpine of the os ilium, and by the other to the firſt three falſe tranſverſe proceſſes; and from thence extending laterally over the marks of the falſe oblique proceſſes of the os ſacrum. To theſe muſt be added the ligaments by which the os femoris is joined to the os innominatum, which ſhall be deſcribed among the other ligaments of the thigh.

The principal proper ligaments are four in number: two called *ſacro-ſciatic*, one broad and external, the other ſmall and internal; one obturator; and one inguinal.

The broad ſacro-ſciatic, or internal ſciatic ligament, is ſlightly fixed to the inſide of the tuberoſity of the ſpine of the os ilium; covers exteriorly the two poſterior ſpinous proceſſes of that bone; and continues to be inſerted along the anterior and external edge of the falſe tranſverſe proceſſes of the os ſacrum. From thence this ligament, diminiſhing in breadth, deſcends obliquely towards the tuberoſity of the os iſchium; and is inſerted immediately below the ſinus which lies between that tuberoſity and the ſciatic ſpine. This inſertion is afterwards continued over the whole internal labium of the inferior portion of the os iſchium, and of the crus of that bone, and the inferior portion of the crus of the neighbouring os pubis. Thro' all this latter courſe of its inſertion, that is, after its arrival at the tuberoſity of the iſchium, it produces a kind of ligamentous falx, one end of which is fixed to the bones, the other lies looſe; and by this ſituation of the falx, it forms, together with the bones, a kind of deep channel or groove.

The internal ſacro-ſciatic ligament adheres cloſely to the inſide of the poſterior portion of the former.——It is fixed internally to the edge of the inferior part of the fourth falſe tranſverſe proceſs of the os ſacrum; and from thence all the way to the upper part of the os coccygis.

From this inſertion, it runs up a little obliquely to the ſpine of the iſchium, to the ſharp points and upper part of which it is fixed. During this courſe, it croſſes the broad ligament, being cloſely united to the inſide thereof, and loſes but very little of its breadth.

By theſe two ligaments two diſtinct openings are formed; a large one, with the ſuperior ſciatic ſinus; and a ſmall one, with the inferior ſciatic notch.

The obturator ligament fills up all the great foramen, except the oblique notch at its upper part. It is fixed preciſely to the edge of the circumference of that hole, from the anterior part of the oblique notch as far as the ſymphyſis between the os pubis and os iſchium. From thence to the poſterior part of the inferior notch, it is fixed to the internal labium of the edge of the circumference, forming a kind of ſmall channel with the external labium; and afterwards it is fixed to the common edge of the foramen ovale, and cotyloid notch or opening.

By this diſpoſition, an opening is left between this ligament and the ſuperior oblique notch; and immediately below this common opening there are two ſmall perforations in the ligament alone.

On the inſide of the upper and anterior part of the os pubis, there is a tranſverſe ligament fixed by its upper part to the os pubis, from the oblique notch of the foramen ovale, all the way to the lower part of the ſymphyſis, at a ſmall diſtance from the circumference of the laſt mentioned hole. This tranſverſe ligament is about half an inch in breadth in an adult body; and poſteriorly, below the ſuperior oblique notch of the foramen ovale, it joins the obturator ligament, by means of a particular fold; and by parting from it afterwards, a deep narrow groove is formed between them, the tranſverſe ligament being at this place ſupported by ligamentous fræna of different ſizes. The inguinal ligament, called from the diſcoverer *ligamentuum Fallopii*, is an aponeurotic or ligamentous band, fixed by one end to the anterior ſuperior ſpinous proceſs of the os ilium, and by the other to the ſpine of the os pubis. The middle portion of it is very narrow, but it expands conſiderably towards both extremities; it is cloſely joined to the muſcles of the abdomen, and to the aponeurotic faſcia of the thigh.

Beſides theſe ligaments, peculiar to each os innominatum, there is another ſmall, flat, and very long ligament, which runs tranſverſely between the two angles of the cotyloid notch of the acetabulum, and may be termed the *proper* or *tranſverſe ligament* thereof.

The elaſtic border of the acetabulum may likewiſe be reckoned among the ligaments. It is a ſort of addi-

tional

tional piece ſtrongly united to the edge of that cavity, but eaſily yields both ways to any preſſure. It may be ſtretched out by pulling, and recovers and contracts again when that force is removed. It is of a very ſingular texture, being compoſed of elaſtic fibres, interwoven together through its whole circumference; and which in ſeveral places, are by degrees inclined to the bony edge of the cavity. It makes an entire circle; and where it paſſes over the notch, the tranſverſe ligament formerly mentioned ſerves to ſupport it, as the bony edge of the cavity does through all the reſt of the circumference.

Of the ligaments connecting the os femoris to the os innominatum, one is called the *orbicular* or *capſular ligament*, the other the *round ligament.*

The capſular ligament is very ſtrong, and unequally thick. It ſurrounds the whole convex circumference of the ſupercilium of the acetabulum, to which it is ſtrongly fixed for the breadth of near a quarter of an inch from the ſharp edge outwards. Its inſertion at the ſharp edge of the acetabulum, joins that of the elaſtic border; the reſt of the ligament is diſtinct from the border, and only touches it quite round; and where it paſſes over the notch, it is fixed in the tranſverſe ligament.

The ligament which lies in the joint is not round as the name expreſſes. It is a flat cord, broad at one end and narrow at the other; and therefore ſomewhat of a triangular ſhape. By its narrow end it is inſerted at the two angles of the notch of the acetabulum, and by the other to the head of the os femoris.

It is broad, and may be reckoned the baſis of the ligament; and from thence ariſe ſome diſtinct ligamentous filaments, which are inſerted at different diſtances in the circumference of the rough impreſſion of the acetabulum.

The rough unequal depreſſion at the bottom of the acetabulum is filled by a broad flat ſubſtance, and covered by a fine membrane, through which a mucilaginous liquor paſſes to moiſten the joint, and facilitate its motions. This membrane likewiſe gives a kind of covering to the round ligament. As theſe bones have no internal large cavity, their ſubſtance being cavernous, they contain no medullary maſs, but a medullary juice, which diſtils continually through the membrane with which they are lined.

OF THE SUPERIOR EXTREMITIES.

THE ſcapula in many ſubjects has a ſmall cartilaginous border along its whole baſis; which in children is pretty remarkable, but in adults it diſappears.

The glenoid cavity of this bone is covered with a cartilage, which is thicker toward the circumference than in the middle, and a little raiſed above the edge of the bone. This thickneſs of the cartilaginous circumference makes the cavity greater than it appears in the ſkeleton; and ſometimes, in place thereof, there is an additional border, which is thickeſt at the circumference of the cavity than toward the bottom, and very narrow. It is of a pliable ſlippery ſubſtance, yet ſomething different from that of a cartilage; reſembling, in ſome meaſure, the border of the acetabulum of the os innominatum.

The ſmall cartilaginous ſurface of the acromion, mentioned in the treatiſe of the dry bones, is thicker in the natural ſtate, and very little convex.

The ſmall triangular ſurface at the extremity of the ſpine of the ſcapula, near the baſis, is covered with a very thin cartilaginous lamina; but, being tranſparent, it does not appear very white. There are no other cartilages commonly found in the ſcapula: though we ſometimes obſerve in dry bones ſeveral places which ſeem to have been cartilaginous; but this is owing to the dried remains of ligaments and tendons.

The ſternal extremity of the clavicle is cruſted over with a cartilage which is a little convex, and covers its whole triangular ſurface; beſides which it has another moveable interarticular cartilage, reſembling that at the articulation of the lower jaw. The ſmall cartilaginous ſurface of the ſcapular extremity of the clavicle, anſwering to that of the acromion, is much thicker in freſh than in dry bones, and appears, like that of the acromion, to be a little convex.

Between theſe two cartilages of the clavicle and acromion, there is in ſome ſubjects a thin interarticular cartilage very ſmooth on both ſides.

The articulation of the acromion with the extremity of the clavicle, is ſtrengthened quite round by ſeveral ſmall ſtrong ligaments, which go from one bone to the other. Theſe ligaments lie very near each other; and are withal ſo tightly braced over the joint, as to hide it altogether; and they appear more like a cartilaginous covering than a ligamentous texture. The internal ſurface of theſe ligaments is lined with the capſula of the joint. When the ſmall interarticular cartilage is found, its whole circumference is connected to theſe ligaments.

The articulation of the clavicle with the ſternum is ſuſtained by ſeveral ligaments fixed by one end, round the ſternal extremity of the clavicle, near the edge of the triangular ſurface; and from thence paſſing over the interarticular cartilage, are inſerted by the other end in the ſternum already mentioned.

There is a long narrow ſtrong ligament, which goes from one clavicle to the other behind the furca of the ſternum, being fixed to the internal angle of the contiguous extremities of the bones. It may be called the *interclavicular ligament.*

The neck of the ſcapula at a ſmall diſtance from the edge of the glenoid cavity, gives inſertion to the edge of the capſular ligament or mucilaginous bag, and to the articular ligaments of the joint of the ſcapula and os humeri.

Beſides theſe articular ligaments of the ſcapula there are three ligamentous cords fixed to the tuberoſity of the coracoid proceſes; two of which, by their other extremities, are inſerted into the oblique eminence on the lower ſide of the humeral extremity of the clavicle; the third under the acromion. There is likewiſe a thin flat broad ligament, reaching between the criſta of the ſpine of the ſcapula, and the edge of the inferior coſta. The cartilage by which the head of the os humeri is covered, is gradually thicker toward the middle than toward the edges.

The four ſurfaces of the tuberoſities which appear cartilaginous in dry bones, ſerve only for the inſertion of the tendons of four muſcles which move the os humeri on the ſcapula.

The channel or ſinus between the tuberoſities is partly covered by a thin cruſt, which appears rather ligamentous than cartilaginous; and partly by a tendinous ſtratum.

The trochlea, and ſmall head of the lower extremity of the os humeri, are covered by a common cartilage, in which the ſame proportion of thickneſs is obſervable, as in that of the upper extremities. This holds pretty generally of all the convex articular cartilages.

The foſſulæ near the pulley and ſmall head are covered with a kind of cartilaginous or ligamentous varniſh.

The capſular or mucilaginous ligament looſely ſurrounds the whole articulation of the ſcapula with the head of the os humeri. From its inſertion round the edge of the glenoid cavity already mentioned, it is continued over the hemiſphere of the head of the os humeri, and fixed near its edges towards the muſcular ſurfaces of the great and ſmall tuberoſities. Afterwards parting from them on both ſides in the large ſpace left between the two tuberoſities, that is, between the ſmall tuberoſity and the loweſt ſurface of the great tuberoſity, it runs down gradually on the neck of the bone below the loweſt part of the cartilaginous hemiſphere.

ſpere. In all this courſe, the capſula is cloſely fixed in the bone, excepting in the ſmall ſpace left between the two tuberoſities, that is, at the channel or ſinus already mentioned; where it forms a production like the tube of a funnel, proportioned to the capacity of the channel, and ſtrongly fixed in the upper portion thereof. This membranous tube is the vagina of the interarticular tendon of the biceps muſcle. The true ligament appears to be compoſed of two kinds of ligaments cloſely united; namely, of a capſular ligament which ſurrounds the whole articulation; and of ſeveral true ligaments, which run over, and cloſely adhere to, the former at different diſtances.

Thus the capſula, or mucilaginous bag of this articulation, is in part ſtrongly united to four flat tendons inſerted in the two tuberoſities; and in part covered by true ligamentous bands, which, between the four tendons, and on both ſides of the firſt and laſt, form a conſiderable thickneſs. The reſt of the ſpace between the firſt or ſuperior plane of the great tuberoſity and the ſmall tuberoſity, is ſo little provided with ligamentous fibres, that it has been believed to be altogether without them; and anatomiſts have ſatisfied themſelves with telling us, that in theſe places the capſular ligament is very rough on the outſide, but ſhining and ſmooth on the inſide.

The tendon of the long head of the biceps, which has been already mentioned in ſpeaking of the production of the capſular ligament of the head of the os humeri, is contained in the articulation after the ſame manner as the ligamentum rotundum of the head of the os femoris.

On the body of the os humeri, there are two particular *intermuſcular ligaments*, which are long, narrow, thin, but ſtrong, fixed by one end along the two lower thirds of the bone, and reaching to both condyles.

The lower extremity of the os humeri is joined to the bones of the fore-arm by two faſciculi of ligamentous fibres; one fixed to the internal condyle, the other to the external. Each faſciculus is compoſed of fibres, cloſely joined together at the condyle, and afterwards parting in diſtinct fibres like the foot of a gooſe.

The capſular ligament is fixed to the condyles, and there covers them; and afterwards it is fixed round both ſides of this lower extremity above the foſſulæ. Its inſertion in theſe ſides is archwiſe; ſo that it is there at a much greater diſtance from the articulation than at the condyles. The foſſulæ are lined with a very thin cartilage.

This capſula appears to be ſtrengthened by a ligamentous web, the fibres whereof croſs each other in different directions: but we muſt not take for ligamentous filaments ſome tendinous fibres of muſcles, to which the capſula adheres very cloſely. It appears larger and looſer when the muſcles are ſeparated from it, than in its natural ſtate when cloſely united to the muſcles.

The two ſigmoid cavities in the upper extremity of the ulna are covered by a cartilage common to both; which is a little interrupted about the middle of the edges of the cavities by the tranſverſe notches mentioned in the Deſcription of the Bones. This cartilaginous cruſt ſeems to be thicker at the edges than in the middle.

The inferior extremity, or ſmall head of the ulna, is cruſted over by a cartilage round its cylindrical border, in the notch near the ſtyloid proceſs, and for ſome ſpace on the proceſs itſelf.

The cartilage which covers the head of the radius is likewiſe turned over its cylindrical border; and a lateral portion of the muſcular tuberoſity, immediately below the neck, is alſo covered with a thin ſhining cartilage.

All the concave ſide of the baſis of the radius is likewiſe cartilaginous, and often divided by a ſmall cartilaginous prominent line. The lateral notch of the baſis is alſo covered by a continuation of the ſame cartilage.

At the baſis of the radius there is likewiſe a particular additional cartilage, or triangular production, longer than it is broad, very thin, and rather flat than concave on both its ſmooth ſides. It is fixed by its baſis, or ſhorteſt ſide, to the lateral ſigmoid notch of the baſis of the radius, in ſuch a manner, that one ſide of it is on a level with the large cartilaginous ſurface of the baſis of the bone, and its apex directly oppoſite to the ſtyloid proceſs. The other ſide touches the flat extremity of the ſmall head of the ulna, but is not fixed to it. This cartilage may be termed the *interarticular cartilage* of the joint of the wriſt. It is tied to the radius by very ſhort ligaments; and, playing on the ſmall head of the ulna, it follows all the motions of the radius. It is therefore a ſort of particular production of the lower ſide of the baſis of the radius, and fills, in the natural ſtate, the void ſpace which, in the ſkeleton, appears between the end of the ulna and the neighbouring bone of the carpus.

Some of the ligaments of the bones of the fore-arm are common to them with the os humeri; ſome common to them with the bones of the hand; and ſome are proper. Theſe laſt are two in number; one called the *interoſſeus ligament* of the fore-arm, and one which may be termed the *coronary ligament* of the radius. To theſe may be added the annular ligaments, which only ſerve for the paſſage of tendons; and other ligamentous expanſions, which may be called *muſcular ligaments*.

The interoſſeous ligament is fixed by one edge along the ſharp angle of the ulna, and by the other along that of the radius. It is principally compoſed of two very ſtrong planes of fibres, which croſs each other at oblique angles, and leave holes at different diſtances for the paſſage of the blood-veſſels. This ligament ties the two bones cloſely together, and the two planes ſerve for the inſertion of the ſeveral muſcles. In the ſupination of the hand, it is very tightly braced; but in pronation, it is folded a little lengthwiſe.

The coronary ligament of the radius, is a ſort of ligamentous hoop, ſurrounding the circular circumference of the head of that bone, reaching from one ſide of the ſmall lateral ſigmoid cavity of the ulna to the other, in an arch which is about three quarters of a circle. It is very ſtrong, and comes near the ſolidity of a cartilage. The ſide next the radius is very ſmooth; and though it connects that bone very cloſely to the ulna, yet it leaves it room enough to turn in the motions of pronation and ſupination.

The capſular ligament of the joint of the elbow runs down from its inſertion in the os humeri, already deſcribed; and is fixed in the olecranon round the edge of the great ſigmoid cavity, including both the apex of the olecranon and of the coronoid proceſs. It likewiſe runs over the head of the radius, and is fixed to the coronary ligament quite round. Thus it completely ſurrounds the articulation of theſe three bones; and ſerves to contain the mucilaginous liquor or ſynovia furniſhed by the bodies called the *glands* of the joint, and by fatty ſubſtances, both of which are found in abundance near the extremity of the ulna.

The true common ligaments by which the os humeri is connected to the bones of the fore-arm, called *lateral ligaments*, are the two faſciculi which, after being inſerted in the condyles of the os humeri, are expanded like the foot of a gooſe. That which is fixed to the inner condyle may be called *brachio-cubitale*, and the other *brachio-radiale*.

The brachio-cubital ligament running down over the capſula, to which it cloſely adheres, below the great edge of the trochlea of the os humeri, is inſerted like radii (of which its other extremity fixed to the condyles is the centre) on the ſide of the great ſigmoid cavity of the ulna. It is covered on the outſide by ſeveral tendons, which adhere cloſely to it, and ſeem to ſtrengthen it.

The brachio-radial ligament is diſpoſed much after the ſame manner, but is of a greater extent. It is expanded from the external condyle of the os humeri, as from a centre; and is inſerted round the coronary ligament, and from thence all the way down to the neck of the radius, and alſo in the neighbouring parts of the ulna. Through all this paſſage it covers the ſcapular ligament, and is covered by ſeveral tendons, adhering cloſely to both.

Of the ligaments by which theſe bones are connected to thoſe of the hand, one is like a roundiſh cord, fixed to the ſtyloid proceſs of the ulna, and from thence paſſes directly over the os cuneiforme of the carpus; to which, and to other bones, it is inſerted. Another pretty broad ligament is fixed to the point of the radius, and by its other extremity to the bones of the carpus.

From this ſtyloid ligament of the radius, along each edge of the baſis of that bone, are ranks of ligamentous fibres, lying much in the ſame direction with the ligament itſelf, and continued all the way to the ſtyloid ligament of the ulna: thoſe next the ulna incloſe the interarticular cartilage of the baſis of the radius; and, near the ſtyloid ligament of the ulna, there is a particular faſciculus inſerted to the point of that cartilage.

All theſe ligaments ſurround and cover the capſular ligament ſo cloſely, that they can hardly be diſtinguiſhed from it. The capſula is likewiſe in part covered by a portion of a great oblique ligament; which being, by a very broad inſertion, fixed to the large extremity of the radius, about two fingers breadth above the ſtyloid apex, afterwards croſſes obliquely, partly over the convex ſide of the baſis radii, and partly over that of the carpus; and then turning toward the os orbiculare, is inſerted into it. It is called the *external tranſverſe ligament* of the carpus; and may likewiſe be named the *great oblique ligament* of the wriſt.

There are ſeveral ſmall annular ligaments placed at different diſtances on the convex ſide of the baſis radii, from its ſtyloid proceſs to its articulation with the extremity of the ulna. They are at leaſt ſix in number; ſome of them being often double or triple.

The firſt is fixed in the ſtyloid proceſs; the ſecond, in the groove near that apex; the third, in the ſmall narrow or middle groove; the fourth, in the groove next the former; the fifth, in the corner of the ſemilunar notch of the baſis, at its articulation with the ulna; and the ſixth, to the extremity of the ulna near the ſtyloid proceſs.

Theſe particular ligaments are almoſt wholly covered by the great oblique ligament already mentioned; and are fixed as ſtrongly to it by one ſide, as they are to the bones by the other. They are all very ſtrong; and their concave ſides, ſerving for fræna to the tendons of ſeveral muſcles that paſs over them, are very ſmooth, and accompanied with thin mucilaginous vaginæ, which allow them to move eaſily.

To theſe we may add the ligamentous expanſions with which ſeveral muſcles are covered, and ſeparated from each other as by ſo many diſtinct ſepta; which are all very thick and ſtrong where they are fixed to the bones. One kind of them may be termed *ligamentous bands*, or *muſcular vaginæ;* the other, *ligamentous ſepta*, *intermuſcular ligaments*, &c.

All the bones of the carpus, metacarpus, and fingers, are cruſted over with cartilages at the places which play upon each other; but in freſh ſubjects, they are thicker, ſofter, and whiter, than in the ſkeleton. In adults, their figure remains the ſame in both; but it changes in the dry bones of younger ſubjects, and in thoſe of children it is quite different. The impreſſions and notches in which the bodies called *mucilaginous glands*

glands are lodged, are moſt ſenſible in the cartilages of freſh bones, becauſe of their thickneſs.

The ligaments of the carpus are very numerous. Some of them tie each bone to one or two neighbouring bones in the ſame rank; and theſe are compoſed of a great number of filaments, but ſo very ſhort as to allow theſe bones only a ſmall degree of motion. Some of them tie the bones of one row to thoſe of the other; which are likewiſe compoſed of many filaments, but not ſo ſhort as the former; and therefore allow theſe bones a more manifeſt motion, as we ſee in bending the wriſt. Laſtly, there are other ligaments of the carpus, by which the three bones of the firſt row are connected to the bones of the fore-arm: and to theſe may be added the ligaments by which the bones of the ſecond row are joined to thoſe of the metacarpus and firſt phalanx of the thumb.

We have already deſcribed all the ligaments belonging to the articulation of the carpus with the bones of the fore arm, except their inſertions in the carpus. The ſtyloid ligament of the radius is fixed round the neighbouring tuberoſity of the os ſcaphoides. The ſtyloid ligament of the ulna is fixed, firſt to the os cuneiforme, and then to the os unciforme; from whence it is a little ſtretched over the fourth bone of the metacarpus.

The ligaments which lie between the two former round the baſis of the radius, and a ſmall portion of the head of the ulna, are fixed round the common convexity of the three firſt carpal bones, as is alſo the mucilaginous capſula by which theſe ligaments are lined.

Beſides theſe ſmall ſhort ligaments belonging to each bone in both rows, the rough ſurfaces of all the bones, eſpecially thoſe which form the convexity of the carpus, give inſertion to a great many ligamentous faſciculi, ſtretched over and cloſely united to the former ſmall ligaments, and ſerving probably to ſtrengthen them. Some faſciculi of the ſame kind are found on the concave ſide of the carpus; but they are fewer in number, and not ſo ſtrong.

Here is likewiſe a conſiderable ligament, called the *inner tranſverſe ligament* of the carpus. It was formerly called an *annular ligament;* and may ſtill very juſtly retain that name on account of its uſe.

The bones of the metacarpus, beſides the ſhort ligaments by which they are tied to the ſecond row of the bones of the carpus, have ſeveral others, by which both their baſes and heads are connected together. The baſes of the third and fourth bones are not ſo cloſely tied as the reſt; and therefore they have a very ſenſible motion; which, however, is greater in the fourth than in the third.

The heads of theſe bones are firmly tied to each other by a ſtrong tranſverſe ligament, ſituated in the palm of the hand, and fixed by diſtinct productions in the neighbouring part of the heads, in ſuch a manner as to form, in the ſpaces between the heads, a kind of perforated fræna, through which the tendons of the flexor muſcles of the fingers have a free paſſage; and theſe fræna are alſo ſupported by other aponeurotic expaſions.

The firſt phalanx of the thumb is fixed to the os trapezium by ſhort ligaments, which paſs obliquely over the articulation. The firſt phalanges of the other four fingers are joined to the heads of the metacarpal bones almoſt in the ſame manner, and by ligaments like the former; which are ſtrengthened by adhering to the tranſverſe ligament already mentioned. The ſecond phalanx of the thumb is joined to the firſt by ligaments of the ſame kind.

The third phalanx of the thumb is joined to the ſecond, the ſecond phalanges of the other fingers to the firſt, and the third to the ſecond, by lateral ligaments, almoſt in the ſame manner as the bones of the forearm to the os humeri; that is, theſe ligaments ſpread from a point fixed in the lateral tubercles of the heads of the phalanges, and are inſerted by their other extremity like radii to the baſis of the neighbouring phalanges.

The two firſt phalanges of each finger have a very ſtrong ligamentous vagina inſerted in the rough lines, or ridges, on their flat ſides: theſe vaginæ are lined with a mucilaginous membrane, which runs like a tube from one phalanx to the other over the articulation. They ſerve for fræna to the flexor muſcles of the fingers; the tendons of which paſs through them.

OF THE INFERIOR EXTREMITIES.

No part of the os femoris is covered with cartilage, excepting the uniform convexity of its head, and the articular portion of the lower extremity. The trochanters have no true cartilage; what looks like it being only the remains of tendinous inſertions, as was obſerved of the ſpine of the os ilium. The cartilaginous ſubſtance which, to a certain age, unites the epiphyſes to the body of the bone, does not belong to this place, becauſe it is only found in the time of youth, and in adults is converted into bone. The cartilaginous matter by which the head of the os femoris is cemented, deſerves, however, to be obſerved; becauſe that epiphyſis has been ſeparated by violent falls.

The convexity of the head of the os femoris, all the way to its ſymphyſis with the neck, is covered by a very ſmooth ſhining cartilage. We have already remarked, in deſcribing the dry bones, that a little below the middle of this convexity, and ſomewhat towards the back-part, there is a depreſſion in form of a creſcent, the cartilage being here interrupted by the inſertion of the interarticular ligament of the head of the os femoris.

The cartilage which covers the lower extremity of this bone, is exactly fitted to the ſemi-oval convexity of the inferior ſurface of each condyle, and to the pulley formed by their union.

In the poſterior part of the lateral tuberoſity of each condyle, there is another kind of cartilaginous ſurface.

The os femoris is connected by its upper extremity to the os innominatum, and by the lower to the bones of the leg by ſeveral ligaments. The ligaments of the upper extremity are two in number; one which ſurrounds the whole articulation with the acetabulum, and one contained in it.

The firſt is termed the *orbicular* or *capſular ligament* of the head of the os femoris; the other, the *round* or *internal ligament.*

The capſular ligament is the moſt conſiderable, largeſt, and ſtrongeſt, of all the articular ligaments of the human body. It is fixed quite round the border of the acetabulum, and from thence largely ſurrounds the whole head and ſuperior portion of the neck of the os femoris, and is cloſely inſerted to the lower portion of the neck that is between its baſis and middle narrow part. This ligament is made up of ſeveral ſorts of fibres, the chief of which are longitudinal and oblique; and it is much thicker and ſtronger in ſome parts than in others. It is very thick between the inferior anterior ſpine of the os ilium all the way to the ſmall tuberoſity, which unites, as it were, the baſis of the great trochanter with the baſis of the neck.

It is likewiſe very thick between the ſame and the middle part of the oblique rough line, obſervable between the tuberoſity and the little trochanter. And here likewiſe it is ſtrengthened by a bundle connected to the paſſage of the tendon of the iliac muſcle, and to the inferior portion of the oblique rough line. The diſpoſition of the ligamentous fibres, of which theſe two thick portions are compoſed, form a ſort of triangle with the oblique rough line, which terminates the baſis of the neck.

At the poſterior and upper portion of this ligament, there is another thick portion formed by oblique fibres;

one end of which is fixed between the inferior edge of the acetabulum and the paſſage of the tendon of the external obturator muſcle; the other to the upper part of the ſmall tuberoſity of the great trochanter, already mentioned.

The portion and lower part of it is thinner and ſhorter than the reſt: but even this is ſtrengthened by a band of pretty ſtrong fibres, which, from the whole criſta of the os pubis, runs down obliquely near the fore-ſide of the notch of the acetabulum; and is fixed in the upper part of the baſis of the neck of the os femoris, immediately above the ſmall anterior tuberoſity of the great trochanter.

The internal ligament reſembles a flat cord, being compoſed of a bundle of fibres cloſely interwoven. One end of it is in a manner divided into two flat bands, which are fixed to the corners of the notch of the acetabulum.

From this inſertion it runs obliquely backward, and a little upward, between the glandular-like ſubſtance within the acetabulum and the cartilaginous convexity of the head of the os femoris, and ends in the upper part of the ſmall ſemilunar foſſula; which may be reckoned the pole of that convexity. This inſertion is oblique, a little rounded on the upper part, and flat on the lower; and in ſome ſubjects there is a ſort of depreſſion in the head of the bone for the paſſage of the ligament.

The ligaments of the lower end of the os femoris, by which this bone is connected with thoſe of the leg, are ſix in number; one poſterior, two lateral, two middle or crucial, and one capſular.

The crucial ligaments lie within the joint, and are fixed by one end to the back part of the notch which parts the two condyles. They are ſurrounded by the capſular ligament; but all the reſt lie on the outſide of it, being cloſely joined to it. Of the two lateral ligaments,

ments, one is internal and broad, being fixed to the tuberoſity of the internal condyle.

The poſterior ligament is broad and thin, being fixed a little above the convexity of the external condyle; from whence it deſcends obliquely behind the great notch and internal condyle.

The capſular ligament, glued, as it were, to the three former, as has been ſaid, is fixed quite round the inferior extremity of the os femoris, at a ſmall diſtance above the anterior, lateral, and poſterior parts of the cartilage, and above the poſterior part of the great notch; and from the cartilage and notch through the ſmall ſpace upward, already mentioned, it covers the bone; and afterwards is inverted downwards, to form the capſula for the ſynovia of the joint.

The marrow of the os femoris lies in a large maſs, in the middle cavity of the bone; and in ſmall diſtinct cluſters, in the cells of each extremity. The firſt is penetrated at different diſtances by the bony filaments or ramifications of the reticular texture; and thereby ſuſtained in violent motions and ſhocks, as in leaping, running, &c.

The tibia has four or five proper cartilages, and two additional ones.

The two proper cartilages which cover the two ſuperior ſurfaces of the head of the tibia are the thickeſt. They are both gently hollow; but the internal is more depreſſed than the other. The back-part of the external is inſenſibly depreſſed, and thereby a ſort of convexity is formed. Anteriorly they join each other; poſteriorly they are parted by a ſhallow notch; in the middle they are ſeparated by the articular tuberoſity of the head of the tibia, which is likewiſe partly covered by them on each ſide.

The third proper cartilage covers the ſmall ſurface which lies on the lower part of the external condyle.

The fourth covers the lower ſurface of the baſis of the tibia, being continued over the outſide of the inner

ankle.

There are likewiſe ſuperficial cartilaginous incruſtations on the back-part of this baſis behind the inner ankle, and alſo on the back-ſide of the outer ankle; all for the paſſage of tendons.

The additional cartilages of the tibia are two in number, called *ſemilunar* from their figure, and *interarticulas* from their ſituation.

Each of theſe cartilages is in ſhape of a creſcent or Roman C. Their convexity, or greateſt curvature, is very thick; their concavity, or ſmalleſt curvature, very thin, ſomething like the edge of a ſickle. They lie on the two upper ſurfaces of the head of the tibia; their thickeſt part or convexity correſponding with the edges of the head, and their thin ſharp edges to the middle of each ſurface; their extremities or cornua being turned toward each other.

Each cartilage is broad enough to cover about two thirds of the ſurface of the tibia on which it lies, leaving one third bare in the middle. Their under ſides are flat, the upper ſides hollow; and, together with the middle portons of the ſurfaces of the head of the tibia, form cavities proportionable to the convexities of the condyles of the os femoris.

The fibula has two cartilages; one lying on the upper extremity of that bone, for its articulation with the ſmall cartilaginous ſurface in the head of the tibia: the other cartilage covers the inſide of the inferior extremity, or of the outer ankle; near the point of which, poſteriorly, there is a ſuperficial cartilaginous incruſtation for the paſſage of the tendons of the muſculi peronæi.

The cartilage at the upper extremity of the fibula ſeems to be thicker than that at the lower extremity.

The patella, which belongs properly to the tibia, has a pretty thick cartilage on its poſterior ſide, divided by a ſuperficial longitudinal riſing into two parts, proportioned to the two portions of the pulley of the os femoris.

The connections between the os femoris and bones of the leg are as follow.

The innermoſt and broadeſt of the two lateral ligaments is fixed pretty low down on the inner ſide of the ſuperior part of the tibia, between the beginnings of the anterior and internal angles. It is likewiſe joined to the edge of the internal ſemilunar cartilage.

The external lateral ligament, which is narrower and thicker than the former, is fixed partly in the tibia immediately above the fibula, and partly in the upper extremity of the fibula; and is joined alſo to the edge of the external ſemilunar cartilage.

Both theſe ligaments lie a little behind the middle of the articulation.

The poſterior ligament is fixed by ſeveral expanſions to the poſterior part of the head of the tibia.

One of the crucial ligaments is fixed by one end to the internal ſuperficial impreſſion in the notch of the os femoris; and by the other to the notch in the head of the tibia, behind the cartilaginous tubercle which lies between the two ſuperior ſurfaces. The other crucial ligament is fixed by one end to the external impreſſion, in the notch of the os femoris; and by the other, between the anterior portions of the ſurfaces juſt mentioned, before the cartilaginous tubercle.

Theſe two ligaments are compoſed of ſeveral ſeries of fibres. The firſt, which is internal in reſpect to the os femoris, and poſterior in reſpect to the tibia, is broader and ſtronger than the other; which is external in reſpect to the os femoris, and anterior in reſpect to the tibia.

The ſemilunar cartilages have likewiſe particular ligaments beſides their connections with the lateral ligaments of the tibia. Their cornua do, in ſome meaſure, degenerate into ſhort ſtrong ligaments; by which they are fixed to the cartilaginous tubercle between the two ſuperior ſurfaces of the tibia, and likewiſe communicate by ſome portions with the crucial ligaments.

They have alſo a common ligament; which, like an arch, runs tranſverſely between the anterior convexity of the one to that of the other.

Theſe cartilages, therefore, have three ſorts of connections. They are fixed to the tibia by the ligaments of the cornua; to each other by the tranſverſe ligament; and to the os femoris by their communications with the crucial ligaments, and by their adheſions to the lateral and capſular ligaments.

The patella is fixed to the tubercle of the tibia by a broad and very ſtrong ligament, which runs down directly from the apex of the patella, and is ſometimes further ſtrengthened by ſome fibres of a conſiderable tendon inſerted into the upper part of that bone.

It has likewiſe ſmall lateral ligaments fixed to the lower part of its edge on each ſide; which parting gradually from the great ligament as they run down, are inſerted anteriorly, and a little laterally, to the edge of the head of the tibia.

The capſular ligament, formerly mentioned, is fixed round the edge of the head of the tibia, and in the edge of the patella; ſo that the patella itſelf forms a portion of the mucilaginous capſula of the joint of the knee.

The crucial ligaments, and thoſe of the ſemilunar cartilages, are included within this capſula; but the lateral and poſterior ligaments, and thoſe of the patella, lie without it, being cloſely joined to its outer ſurface.

This capſula is likewiſe joined to a conſiderable portion of the circumference of the ſemilunar cartilages; and it is alſo ſtrengthened at different diſtances by ſeveral diſtinct ſeries of ligamentous fibres. The inſide of it is ſmooth and ſhining; and it is very thin where it is not covered by tendons. It not only contains and ſurrounds the ligaments already named, but alſo furniſhes them with a very fine vagina.

There is likewiſe a very thin ligament fixed by one end to the lower part of the cartilaginous ſide of the patella; and by the other to the anterior part of the great notch, between the condyles of the os femoris; the uſe of which ſeems to be, to prevent the articular fat from being compreſſed in the motions of the knee.

The fibula is joined to the tibia by nine ligaments; four at each end, and one in the middle called the *interoſſeous ligament*.

The ligaments at the upper end of the fibula are ſhort, very ſtrong, more or leſs oblique, and compound. Two of them are anterior, two poſterior; and they lie on each other, the ſuperior ligaments ſurrounding the articulation more cloſely than the inferior, which leave a ſmall void ſpace, and are weaker than the former. They are all glued to the capſular ligament, which runs in between them and the articulation; and they are inſerted round the edges of the cartilaginous ſurfaces in each bone.

The ligaments of the lower extremity of the fibula, which runs below the tibia, and forms the outer ankle, are much ſtronger, thicker, more complex, broader, longer, and more oblique, than thoſe of the ſuperior extremity; and are diſpoſed much after the ſame manner; that is, two before, and two behind.

They are fixed to the anterior and poſterior edge of the lateral depreſſion at the inferior extremity of the tibia; and from thence they run down on the lower end of the fibula. The two inferior ligaments are ſtrongeſt; and they are fixed anteriorly and poſteriorly at the lower end of the outer ankle.

The two ſuperior are fixed more cloſely, and nearer each other; but ſtill there is a ſmall ſpace between them filled with fat.

As the two bones touch each other only by the upper part of the cartilaginous ſurface of the outer ankle, and the ſmall cartilaginous border on the lower edge of the depreſſion of the tibia, the middle ſpace between them is filled by a ſort of capſular ligament, which lines each ſide of the bones; and is continued down to the true articulation of the external ankle with the inferior edge of the baſis of the tibia.

The middle or interoſſeous ligament of the two bones of the leg, ſo called becauſe it fills up all the ſpace left between them, being ſtretched from one to the other, is fixed along the poſterior external angle of the tibia and the neighbouring angle of the fibula.

It is made up chiefly of two planes of very oblique ligamentous fibres, which croſs each other, and at different intervals ſeem to be multiplied. It is perforated both above and below, and ſometimes in ſeveral places beſides, for the paſſage of the blood-veſſels and nerves. It ſerves chiefly as a ligamentous ſeptum for the inſertion of muſcles; in which reſpect it ſupplies the place of bones, and ſeems partly to be a continuation of the perioſteum of the bones of the leg.

At the lower part of each ankle there are commonly three ſtrong ligaments for the connection of the bones of the tarſus with thoſe of the leg; one that runs forwards, one that runs backwards, and one that runs more or leſs directly downwards.

There are ſome other ligamentous expanſions to be found in the leg, but theſe belong properly to the muſcles.

The marrow of theſe bones lies in large maſſes in the great cavities, and in diſtinct moleculæ in the ſpongy parts.

The ſynovial ſubſtances lie in the ſmall ſpaces, depreſſions, and ſuperficial notches, near the edges of the cartilages, and within the capſular ligaments of the joints.

The ſynovial ſubſtances of the knee, which lie near the edges of the patella, are the moſt conſiderable, being diſpoſed in form of fringes, and ſupported by a great quantity of fatty matter.

This common maſs is contained within the capſular ligament; and on the ſide of the joint is covered by a very fine membrane, which likewiſe lines the inner ſurface of the ligament.

The ſuperior portion of this fat is as it were ſupported by the ſmall ligament, fixed in the anterior part of the great common notch of the condyles of the os femoris, and which from thence runs to the upper part of the patella.

There are other fatty ſubſtances, both above and below the edges of the ſemilunar cartilages, and likewiſe in the ham; ſome whereof ſerve for the joint, the reſt for the crucial ligaments. Theſe laſt lie in folds formed by the internal membrane of the capſular ligament, which give particular coverings to the crucial ligaments, and to the other bundles of ligamentous fibres near them.

The aſtragalus is covered by three cartilages. The firſt covers the three ſurfaces, which make the convex part and ſides of the pulley; the ſecond, the concave ſurface of its anterior part; and the third, the convex ſurface of its anterior part, being continued over the inferior part, ſo far as to form three other ſmall ſurfaces, one of which can ſcarcely be called articular.

The firſt of theſe cartilages is for the articulation of this bone with the tibia and fibula; the ſecond, for the os calcis; and the third, for the os ſcaphoides. Two of the inferior ſurfaces formed by the continuation of the third cartilage are for the articulation of this bone with the os calcis; the third contributes to the formation of a channel for the paſſage of a tendon.

The os calcis has four cartilages; of which three are ſuperior, one large and two ſmall, for its triple articulation with the aſtragalus; the fourth is anterior, for the os cuboides. To theſe muſt be added a ſmall thin cartilago-ligamentous ſubſtance, under the tubercle on the outſide of this bone.

The os ſcaphoides has two cartilages; one poſterior, for its articulation with the aſtragalus; and one anterior,

rior, divided into three parts for the three oſſa cuneiformia.

The os cuboides has two remarkable cartilages; one poſterior, for its articulation with the os calcis; and one anterior, lying in two planes for its articulation with the two laſt metatarſal bones. It has likewiſe a cartilage on the inſide for the os cuneiforme, which is next to it; and one on the lower ſide, covering a part of the oblique eminence ſituated there.

The three oſſa cuneiformia have each of them a poſterior cartilage for their articulation with the os ſcaphoides; and one anterior for the three firſt metatarſal bones: they have likewiſe ſmall cartilaginous ſurfaces, on their lateral ſides, for their articulations with each other; and beſides, the firſt and third bones are joined thereby to the lateral parts of the baſis of the ſecond metatarſal bone, and the third to the os cuboides.

The baſes and heads of the metatarſal bones are covered with cartilages.

The phalanges have cartilages in the ſame manner at their baſes and heads, excepting at the heads or extremities of the laſt.

The ſeſamoid bones are covered with cartilages on that ſide by which they ſlide on other bones.

The foot being made up of many bones, muſt, beſides thoſe ligaments by which it is tied to the bones of the leg, have ſeveral others, to connect not only the three parts of which it is compoſed, but alſo the particular bones belonging to each part.

The ligaments connecting the ankle to the foot have been already mentioned. Thoſe of the inner ankle are all fixed to the upper ſide of the aſtragalus. The moſt anterior is pretty broad, and ſometimes ſeems to be joined in one with the middle ligament. It often conſiſts of ſeveral diſtinct parts, like ſo many bands interlarded with fat.

The anterior and middle ligaments of the outer ankle being more or leſs broad, are fixed to the outſide of the aſtragalus; the poſterior, which is narroweſt, and pretty thick, is chiefly fixed to the outſide of the great portion of the os calcis.

All theſe ligaments lie on the outſide of the capſula which ſurrounds the articulation of the aſtragalus with the bones of the leg.

The ligaments, by which the bones of the tarſus are connected with each other, are ſhort, flat, of different breadths, and run from one bone to another in different directions. They are all ſuperficial, except one by which the aſtragalus is tied to the os calcis; and for the moſt part are either ſuperior or inferior, the lateral ligaments being but very few in number.

Some of them are partly common to ſeveral bones, and partly belong only to two: that is, the ſuperficial ſtrata of their fibres run over one bone into the following, and ſometimes further; but the ſtrata next the articulation are generally confined to two bones only.

The aſtragalus is tied to the other bones of the tarſus by ſeveral true ligaments:—To the inſide of the os calcis, by a ligament which comes from the poſterior internal tuberoſity of the body of the aſtragalus; and is fixed in an inequality behind the lateral proceſs of the os calcis:—To the inſide of the ſame bone, by a ligament which comes from the lateral proceſs of the os calcis, to a ſort of cartilaginous production on the inſide of the neck of the aſtragalus:—To the outſide of the ſame bone by two ligaments, which come from the edge of the oblique inferior depreſſion of the aſtragalus; and afterwards ſeparating a little, are fixed to the outſide of the great apophyſis of the os calcis; one forward, which ſeems to ſend off a ſmall portion to the os cuboides; the other backward, of different breadths:—To the os ſcaphoides ſuperiorly, by a ligament, which goes from the neck of the aſtragalus to the upper part of the os ſcaphoides, and from thence is extended to the middle of the os cuneiforme:—To the ſame anteriorly, by two ligaments; one of which is a continuation of that which goes from the lateral proceſs of the os calcis, to the cartilaginous production of the aſtragalus; the other is nearly the ſame production, being partly covered by the former, and fixed to the tuberoſity of the os ſcaphoides:—To the os calcis, by a ligament, which comes from the oblique inferior depreſſion of the aſtragalus, and is fixed to the oblique ſuperior depreſſion of the os calcis. If to theſe principal ligaments of the aſtragalus, we add ſeveral others leſs remarkable; and alſo thoſe by which it is tied to the ankles, their number will be very conſiderable.

The capſular ligaments go very little farther than the edges of the articulations of this bone with the reſt. They adhere very cloſely to the true ligaments, and are covered and hid by them.

The os calcis is joined to the outer ankle and aſtragalus by the ligaments already deſcribed. It is likewiſe connected to the os ſcaphoides and os cuboides by ſeveral ligamentous planes.

It is connected to the os ſcaphoides, (1.) By a continuation of the ligament that goes from its lateral or internal proceſs, to the cartilaginous production of the aſtragalus. (2.) By a ligamentous plane, which goes from the inferior tuberoſity of its great proceſs, and is fixed to the inferior part of the circumference of the os ſcaphoides. (3.) By a narrow ligament, which goes from the ſuperior and internal part of the ſame proceſs, and ends in the neareſt part of the circumference of the os ſcaphoides.

It is connected to the os cuboides, (1.) By a ligament, or rather by ſeveral ligamentous faſciculi, which go from the extremity of its oblique ſuperior depreſſion to the contiguous angle of the os cuboides. (2.) By one lying between the firſt and the ſmall external lateral tuberoſity of the os calcis, and inſerted to the os cuboides near the firſt. (2.) By one which is fixed to the exterior part of the great proceſs of the os calcis, and to the contiguous part of the os cuboides. (4.) By a pretty broad plane, which covers the inferior part of the os calcis, and which, from the anterior tuberoſity, ſpreads over the contiguous inferior part of the os cuboides, and ends in the oblique eminence of that bone. (5.) By a broader plane, which having filled the lower part of the lateral cavity of the os calcis, is chiefly inſerted to the contiguous angle of the os cuboides. The capſular ligaments agree with thoſe of the aſtragalus.

The os ſcaphoides is tied to the aſtragalus and os calcis in the manner already mentioned.—It is likewiſe joined to the os cuboides and the oſſa cuneiformia by ſeveral ligaments. On the outſide, or that next the os cuboides, there is one which connects it to the contiguous angle of that bone. On its upper part, two go from its circumference; one to the ſecond, the other to the third os cuneiforme. On its inner ſide, it is joined to the convex part of the great os cuneiforme by two ligaments. On its lower ſide it has four; of which the firſt appears as it were double, going from the tuberoſity of this bone to the baſis of the firſt os cuneiforme. The ſecond and third go obliquely to the other two oſſa cuneiformia; the fourth is a little tranſverſe, being fixed to the inferior internal angle of the os cuboides.

The os cuboides, beſides the ligaments which tie it to the aſtragalus, os calcis, and os ſcaphoides already mentioned, has others which connect it above, below, and on the outſide, with the third os cuneiforme, and two laſt bones of the metatarſus. The ſuperior ligaments are almoſt equally flat; the inferior unequally thick, and ſtronger than the ſuperior. The exterior goes from the os cuboides to the tuberoſity in the baſis of the laſt bone of the metatarſus, and ſeems likewiſe to communicate with the third bone by ſome ligamentous fibres.

The three oſſa cuneiformia are fixed to the os ſcaphoides and os cuboides by the ligaments above mentioned. They are connected on the upper part by particular ligamentous planes, which go more or leſs tranſverſely from one bone to another, being all joined to one common ligamentous plane, which covers theſe three bones, and alſo the os cuboides. On the lower part, they are joined by ſtronger and thicker ligaments. They are likewiſe connected by ligaments to the three firſt bones of the metatarſus.

The great os cuneiforme is joined on its upper, lower, and interior or convex ſide, to the baſis of the firſt metatarſal bone, by ligamentous fibres, which form almoſt a continued plane, the inferior part of which is ſtrong and thick, and appears to be double. It is likewiſe tied to the inſide of the baſis of the ſecond metatarſal bone by a particular ligament.

It has likewiſe on the outſide of its inferior part three conſiderable ligaments more or leſs oblique: the firſt and ſhorteſt of which goes to the baſis of the ſecond metatarſal bone; the ſecond, to that of the third; and the third, which is the longeſt, to that of the fourth.

The bones of the metatarſus are connected together by their baſes and heads. The ligaments that go between the baſes, are ſuperior and inferior. The ſuperior are flat and ſmall; the inferior ſtrong and thick, and as it were multiplied by entering the interſtices between the baſes.

The ligaments which go between the heads have nearly the ſame general diſpoſition. The inferior have this peculiar to them, that by filling the ſpaces between the heads they keep them at ſome diſtance from each other. The inferior portions of theſe ligaments are fixed in the angles at the lower parts of each head. They are alſo ſtrengthned by their union and intertexture with the aponeuroſis plantaris.

The firſt phalanges of the toes are tied to the heads of the metatarſal bones, by a ſort of orbicular ligament, ſet round the edges of the cartilaginous portions of the head, and thoſe of the baſes of the phalanges. In the four toes next the great toe, the inferior part of theſe ligaments is very thick, and cruſted over as it were with the cartilaginous ſubſtance fixed to the baſis of the phalanges, and from thence continued over the head of the metatarſal bone next it. This ſubſtance grows hard with age like a ſeſamoid bone.

Of theſe ſeſamoid bones the great toe has two belonging to the firſt phalanx, which are the largeſt, the ſooneſt formed, and moſt conſiderable of all that go by that name; they are about one-third of an inch in length, and about half as broad as long. They are joined, by their anterior extremities, to the baſis of this phalanx, cloſe to each other; and lie in the two depreſſions on the lower ſide of the head of the firſt metatarſal bone.

The ſecond and third phalanges of all the toes being articulated by ginglymi, have lateral ligaments which go between the ſides of the baſes to the ſides of the heads. At the inferior edges of all theſe baſes there is a cartilaginous matter joined to the ligaments, which hardens with age, in the ſame manner as thoſe of the firſt phalanges.

The capſular ligaments of all theſe articulations are diſpoſed in the ſame manner as in the firſt bones of the tarſus already deſcribed.

The perioſteum of all theſe bones is of the ſame kind with that of the bones of the leg.

The marrow is ſuitable to their internal ſtructure; that is, in moleculæ in the cavernous portions, and in maſſes in thoſe which have large cavities. Thus the marrow of all the tarſal bones is diſperſed in moleculæ, becauſe their internal ſtructure is ſpongy. In the metatarſal bones and firſt phalanges of the toes, it is diſpoſed in the ſame manner as in the tibia and fibula; that is, it lies in moleculæ in the extremities, the ſtructure of which is cavernous; but in the middle portions of them, it lies in maſſes greater or leſs, according to the ſize of the cavities. In the other phalanges, which are entirely ſpongy, it is accordingly diſpoſed in moleculæ.

The ſynovial ſubſtances anſwer in number and figure to the depreſſions between the cartilaginous edges and ligaments.

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